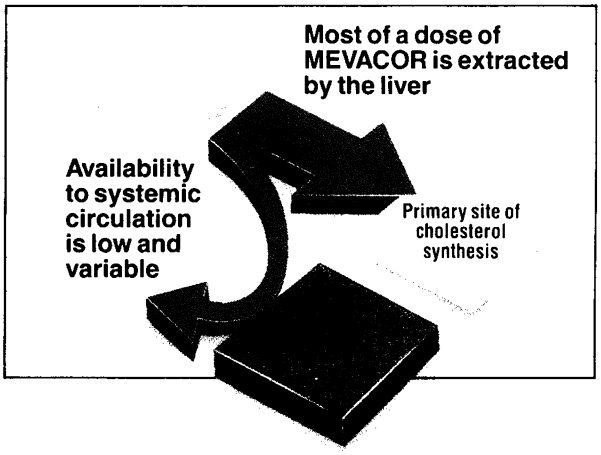
MEVACOR works where it should: at the primary site of cholesterol synthesis

HIGHLY SELECTIVE

MEVACOR is the first agent to selectively inhibit cholesterol production at the primary site of synthesis. This selective activity means MEVACOR is highly effective–with only a low and variable amount of active drug available for systemic circulation.



MEVACOR is contraindicated in patients who are hypersensitive to any component of the medication; in patients with active liver disease or unexplained persistent transaminase elevations; in pregnant or lactating patients; and in women of childbearing age, except when such patients are highly unlikely to conceive.

In clinical studies, marked persistent increases (to more than three times the upper limit of normal) in serum transaminases occurred in 1.9% of adult patients who received lovastatin for at least one year. It is recommended that liver function tests be performed before treatment begins, every 4 to 6 weeks during the first 15 months of therapy, and periodically thereafter in all patients.

For complete details on MEVACOR, including cautionary information regarding myopathy, drug interactions, and slit-lamp monitoring, please refer to the Prescribing Information.

For a Brief Summary of Prescribing Information, please see the back of this advertisement.

For many patients with primary hypercholesterolemia (Types IIa and IIb), when diet and other nondrug therapies are inadequate

MEVACOR®
(LOVASTATIN | MSD)

TABLETS, 20 mg 40 mg

MSD
MERCK SHARP & DOHME

MEVACOR®
(LOVASTATIN | MSD)

CONTRAINDICATIONS: Hypersensitivity to any component of this medication.

Active liver disease or unexplained persistent elevations of serum transaminases.

Pregnancy and lactation.

Atherosclerosis is a chronic process and the discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Moreover, cholesterol and other products of the cholesterol biosynthesis pathway are essential components for fetal development, including synthesis of steroids and cell membranes. Because of the ability of inhibitors of HMG-CoA reductase such as MEVACOR® (Lovastatin, MSD) to decrease the synthesis of cholesterol and possibly other products of the cholesterol biosynthesis pathway, MEVACOR may cause fetal harm when administered to a pregnant woman. Therefore, lovastatin is contraindicated during pregnancy. Lovastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive. If the patient becomes pregnant while taking this drug, lovastatin should be discontinued and the patient should be apprised of the potential hazard to the fetus.

WARNINGS: ***Liver Dysfunction:*** **Marked persistent increases (to more than 3 times the upper limit of normal) in serum transaminases occurred in 1.9% of adult patients who received lovastatin for at least one year in clinical trials (see ADVERSE REACTIONS).** When the drug was interrupted or discontinued in these patients, the transaminase levels usually fell slowly to pretreatment levels. The increases usually appeared 3 to 12 months after the start of therapy with lovastatin and were not associated with jaundice or other clinical signs or symptoms. There was no evidence of hypersensitivity. A liver biopsy was done in one of these patients and showed areas of focal hepatitis. In this patient, transaminase levels returned to normal following discontinuation of therapy. Some of these patients had abnormal liver function tests prior to lovastatin therapy and or consumed substantial quantities of alcohol.

It is recommended that liver function tests be performed before treatment begins, every 4 to 6 weeks during the first 15 months of therapy with lovastatin, and periodically thereafter in all patients. Special attention should be paid to patients who develop elevated serum transaminase levels, and in these patients, measurements should be repeated promptly and then performed more frequently. If the transaminase levels show evidence of progression, particularly if they rise to 3 times the upper limit of normal and are persistent, the drug should be discontinued. Liver biopsy should be considered if elevations are persistent beyond the discontinuation of the drug.

The drug should be used with caution in patients who consume substantial quantities of alcohol and or have a past history of liver disease. Active liver disease or unexplained transaminase elevations are contraindications to the use of lovastatin.

As with other lipid-lowering agents, moderate (less than 3 times the upper limit of normal) elevations of serum transaminases have been reported following therapy with MEVACOR (see ADVERSE REACTIONS). These changes appeared soon after initiation of therapy with MEVACOR, were often transient, were not accompanied by any symptoms, and interruption of treatment was not required.

Skeletal Muscle: **Several cases of rhabdomyolysis have been associated with lovastatin therapy alone, when combined with immunosuppressive therapy including cyclosporine in cardiac transplant patients, and when combined in non-transplant patients with either gemfibrozil or lipid-lowering doses (≥ 1 g/day) of nicotinic acid. Acute renal failure from rhabdomyolysis has been seen more commonly with the lovastatin-gemfibrozil combination and has also been reported in transplant patients receiving lovastatin plus cyclosporine.**

Rhabdomyolysis with or without renal impairment has been reported in seriously ill patients receiving erythromycin concomitantly with lovastatin. Therefore, patients receiving concomitant lovastatin and erythromycin should be carefully monitored.

Fulminant rhabdomyolysis has been seen as early as 3 weeks after initiation of combined therapy with gemfibrozil and lovastatin but may be seen after several months. For these reasons, it is felt that, in most subjects who have had an unsatisfactory lipid response to either drug alone, the possible benefits of combined therapy with lovastatin and gemfibrozil do not outweigh the risks of severe myopathy, rhabdomyolysis, and acute renal failure. While it is not known whether this interaction occurs with fibrates other than gemfibrozil, myopathy and rhabdomyolysis have occasionally been associated with the use of other fibrates alone, including clofibrate. Therefore, the combined use of lovastatin with other fibrates should generally be avoided.

Physicians contemplating combined therapy with lovastatin and lipid-lowering doses of nicotinic acid or with immunosuppressive drugs should carefully weigh the potential benefits and risks and should carefully monitor patients for any signs and symptoms of muscle pain, tenderness, or weakness, particularly during the initial months of therapy and during any periods of upward dosage titration of either drug. Periodic CPK determinations may be considered in such situations, but there is no assurance that such monitoring will prevent the occurrence of severe myopathy. The monitoring of lovastatin drug and metabolite levels may be considered in transplant patients who are treated with immunosuppressives and lovastatin.

Lovastatin therapy should be temporarily withheld or discontinued in any patient with an acute, serious condition suggestive of a myopathy or having a risk factor predisposing to the development of renal failure secondary to rhabdomyolysis, including severe acute infection, hypotension, major surgery, trauma, severe metabolic, endocrine, and electrolyte disorders, and uncontrolled seizures.

Myalgia has been associated with lovastatin therapy. Transient, mildly elevated creatine phosphokinase levels are commonly seen in lovastatin-treated patients. However, in clinical trials, approximately 0.5% of patients developed a myopathy, i.e., myalgia or muscle weakness associated with markedly elevated CPK levels. Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness, or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. Lovastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected.

Most of the patients who have developed myopathy (including rhabdomyolysis) while taking lovastatin were receiving concomitant therapy with immunosuppressive drugs, gemfibrozil, or lipid-lowering doses of nicotinic acid. In clinical trials, about 30% of patients on concomitant immunosuppressive therapy including cyclosporine developed myopathy; the corresponding percentages for gemfibrozil and niacin were approximately 5% and 2%, respectively.

In 6 patients with cardiac transplants taking immunosuppressive therapy including cyclosporine concomitantly with lovastatin 20 mg/day, the average plasma level of active metabolites derived from lovastatin was elevated to approximately 4 times the expected levels. Because of an apparent relationship between increased plasma levels of active metabolites derived from lovastatin and myopathy, the daily dosage in patients taking immunosuppressants should not exceed 20 mg/day (see DOSAGE AND ADMINISTRATION). Even at this dosage, the benefits and risks of using lovastatin in patients taking immunosuppressants should be carefully considered.

PRECAUTIONS: ***General:*** Before instituting therapy with MEVACOR® (Lovastatin, MSD), an attempt should be made to control hypercholesterolemia with appropriate diet, exercise, weight reduction in obese patients, and to treat other underlying medical problems (see INDICATIONS AND USAGE).

Lovastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with lovastatin.

Eye: There was a high prevalence of baseline lenticular opacities in the patient population included in the clinical trials with lovastatin. During these trials the appearance of new opacities was noted. The causal relationship of lovastatin to these findings has not been established.

Of 431 patients examined with slit lamp at baseline and during therapy with lovastatin, 34 had opacities reported at the final examination (5 to 15 months after starting lovastatin) that were not noted at baseline. On the other hand, in 45 patients, opacities observed at baseline were not noted at the final examination, so that the prevalence did not increase. There was no clinically significant change in visual acuity in the patients who had new opacities reported, nor was any patient, including those with opacities noted at baseline, discontinued from therapy because of a decrease in visual acuity. Nevertheless, until further experience is obtained, it is recommended that patients placed on lovastatin therapy be examined with a slit lamp before or shortly after initiation of treatment and annually thereafter.

Homozygous Familial Hypercholesterolemia: MEVACOR is less effective in patients with the rare homozygous familial hypercholesterolemia, possibly because these patients have no functional LDL receptors. MEVACOR appears to be more likely to raise serum transaminases (see ADVERSE REACTIONS) in these homozygous patients.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS, *Skeletal Muscle*.

Coumarin Anticoagulants: In a clinical trial in warfarin-treated patients designed specifically to observe a potential effect of lovastatin on the prothrombin time, lovastatin in dosages up to 40 mg b.i.d. did not produce any consistent alteration of the anticoagulant action of warfarin. However, since the drug was marketed, clinically evident bleeding and or increased prothrombin time have been reported in a few patients taking coumarin anticoagulants concomitantly with lovastatin. The causal relationship to lovastatin is unclear. Nevertheless, it is recommended that in patients taking anticoagulants, prothrombin time be determined before starting lovastatin and frequently enough during early therapy to insure that no significant alteration of prothrombin time occurs. Once a stable prothrombin time has been documented, prothrombin times can be monitored at the intervals usually recommended for patients on coumarin anticoagulants. If the dose of lovastatin is changed, the same procedure should be repeated. Lovastatin therapy has not been associated with bleeding or with changes in prothrombin time in patients not taking anticoagulants.

Antipyrine: Antipyrine is a model for drugs metabolized by the microsomal hepatic enzyme system (cytochrome P450 system). Because lovastatin had no effect on the pharmacokinetics of antipyrine, interactions with other drugs metabolized via this mechanism are not expected.

Propranolol: In normal volunteers, there was no clinically significant pharmacokinetic or pharmacodynamic interaction with concomitant administration of single doses of lovastatin and propranolol.

Digoxin: In patients with hypercholesterolemia, concomitant administration of lovastatin and digoxin resulted in no effect on digoxin plasma concentrations.

Other Concomitant Therapy: Although specific interaction studies were not performed, in clinical studies, lovastatin was used concomitantly with beta blockers, calcium channel blockers, diuretics, and nonsteroidal anti-inflammatory drugs (NSAIDs) without evidence of clinically significant adverse interactions.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 21-month carcinogenic study in mice, a statistically significant ($p<0.05$) increase in the incidence of hepatocellular carcinomas and adenomas was observed at doses of 500 mg/kg/day (312 times the maximum recommended human dose) of lovastatin. These changes were not seen in mice given doses of 20 and 100 mg/kg/day (12.5 and 62.5 times the maximum recommended human dose).

A statistically significant increase ($p \leq 0.05$) in the incidence of pulmonary adenomas was seen in female mice receiving 500 mg/kg/day (312 times the maximum recommended human dose); no similar changes were seen in males at any dose or in females receiving 20 or 100 mg/kg/day (12.5 or 62.5 times the maximum recommended human dose). Because the incidence of pulmonary tumors was within the range of untreated animals in studies of similar duration, the relationship of this latter change to treatment is not known.

In addition, an increase in the incidence of papilloma in the non-glandular mucosa of the stomach was observed in mice receiving 100 and 500 mg/kg/day (62.5 and 312 times the maximum recommended human dose); no increase was seen at a dosage of 20 mg/kg/day (12.5 times the maximum recommended human dose). The glandular mucosa was not affected. The human stomach contains only glandular mucosa. Importantly, there is a strong association between this change and hyperplasia of the squamous epithelium (acanthosis) in this region; acanthosis is a characteristic change observed in the non-glandular mucosa of rodents treated with HMG-CoA reductase inhibitors and is most probably a result of inhibition of the reductase in this tissue.

Similar squamous epithelium is found in the esophagus and anorectal junction of the mouse and rat; however, no evidence of a similar drug-induced hyperplastic response was observed in these tissues in studies of up to 21 months in the mouse given up to 500 mg/kg/day (312 times the maximum recommended human dose), or in a study of 24 months in the rat given 180 mg/kg/day (112 times the maximum recommended human dose).

In a 24-month carcinogenicity study in rats, there was a positive dose response relationship for hepatocellular carcinogenicity in males (unadjusted $p = 0.025$). However, because the incidence of hepatocellular carcinogenicity observed in male rats in this study is similar to that observed spontaneously in this strain of rat, the implications of this finding are unclear.

No evidence of mutagenicity was observed in a microbial mutagen test using mutant strains of *Salmonella typhimurium* with or without rat or mouse liver metabolic activation. In addition, no evidence of damage to genetic material was noted in an *in vitro* alkaline elution assay using rat or mouse hepatocytes, a V-79 mammalian cell forward mutation study, an *in vitro* chromosome aberration study in CHO cells, or an *in vivo* chromosomal aberration assay in mouse bone marrow.

No drug-related effects on fertility were found in studies with rats.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Lovastatin has been shown to produce skeletal malformations in the rat fetus at doses of 800 mg/kg/day (500 times the maximum recommended human dose). At similar doses in mice, an increase in skeletal malformations was observed. These individual changes are within the range of those observed spontaneously in this strain of mouse. No drug-induced changes were seen in either species at doses of up to 80 mg/kg/day (50 times the maximum recommended human dose). No evidence of malformations was noted in rabbits at up to 15 mg/kg/day (highest tolerated dose –about 9 times the maximum recommended human dose). There are no data in pregnant women.

Nursing Mothers: Studies in rats have shown that lovastatin is excreted in the milk. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from MEVACOR, women taking lovastatin should not nurse their infants (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in children have not been established. Because children are not likely to benefit from cholesterol lowering for at least a decade and because experience with this drug is limited (no studies in subjects below the age of 20 years), treatment of children with lovastatin is not recommended at this time.

ADVERSE REACTIONS: MEVACOR® (Lovastatin, MSD) is generally well tolerated; adverse reactions usually have been mild and transient. Less than 1% of patients were discontinued from controlled clinical studies due to adverse experiences attributable to MEVACOR. About 2% of patients were discontinued from all studies (controlled and uncontrolled) due to adverse experiences attributable to MEVACOR; about one-third of these patients were discontinued due to increases in serum transaminases.

Clinical Adverse Experiences: Adverse experiences reported in patients treated with MEVACOR in controlled clinical studies are shown in the table below:

	MEVACOR (N = 613) %	Placebo (N = 82) %	Cholestyramine (N = 88) %	Probucol (N = 97) %
Gastrointestinal				
Constipation	4.9	—	34.1	2.1
Diarrhea	5.5	4.9	8.0	10.3
Dyspepsia	3.9	—	13.6	3.1
Flatus	6.4	2.4	21.6	2.1
Abdominal pain cramps	5.7	2.4	5.7	5.2
Heartburn	1.6	—	8.0	—
Nausea	4.7	3.7	9.1	6.2
Musculoskeletal				
Muscle cramps	1.1	—	1.1	—
Myalgia	2.4	1.2	—	—
Nervous System Psychiatric				
Dizziness	2.0	1.2	—	1.0
Headache	9.3	4.9	4.5	8.2
Skin				
Rash pruritus	5.2	—	4.5	—
Special Senses				
Blurred vision	1.5	—	1.1	3.1
Dysgeusia	0.8	—	1.1	—

Laboratory Tests: Marked persistent increases of serum transaminases have been noted (see WARNINGS).

About 11% of patients had elevations of creatine phosphokinase (CPK) levels of at least twice the normal value on one or more occasions. The corresponding values for the control agents were cholestyramine, 9% and probucol, 2%. This was attributable to the noncardiac fraction of CPK. Large increases in CPK have sometimes been reported (see WARNINGS, *Skeletal Muscle*).

Concomitant Therapy: In controlled clinical studies in which lovastatin was administered concomitantly with cholestyramine, no adverse reactions peculiar to this concomitant treatment were observed. The adverse reactions that occurred were limited to those reported previously with lovastatin or cholestyramine. Other lipid-lowering agents were not administered concomitantly with lovastatin during controlled clinical studies. In uncontrolled clinical studies, most of the patients who have developed myopathy were receiving concomitant therapy with immunosuppressive drugs, gemfibrozil, or niacin (nicotinic acid) (see WARNINGS, *Skeletal Muscle*).

Uncontrolled Clinical Studies: The adverse experiences observed in uncontrolled studies were similar to those seen in controlled clinical studies. Abnormal liver function tests were observed at a higher incidence than in the controlled studies (see WARNINGS, *Liver Dysfunction*). Myopathy (myalgia with marked CPK elevations) was reported in approximately 0.5% of patients (see WARNINGS, *Skeletal Muscle*).

Causal Relationship Unclear: *Nervous System:* Peripheral neuropathy has been reported; the relationship to lovastatin is uncertain. Visual evoked response, nerve conduction measurements, and electromyography in over 30 patients showed no evidence of neurotoxic effects of lovastatin.

Special Senses: Of 431 patients examined with slit lamp at baseline and during therapy with lovastatin, 34 had opacities reported at the final examination (5 to 15 months after starting lovastatin) that were not noted at baseline. On the other hand, in 45 patients, opacities observed at baseline were not noted at the final examination, so that the prevalence did not increase (see PRECAUTIONS).

Post-marketing Experience: Additional adverse experiences occurring since the drug was marketed are listed below:

Clinical Adverse Experiences

Gastrointestinal: Hepatitis, cholestatic jaundice, anorexia, vomiting.

Hypersensitivity Reactions: An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus-like syndrome, polymyalgia rheumatica, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, flushing, malaise, and dyspnea.

Nervous System Psychiatric: Psychic disturbances, including anxiety; paresthesia.

Skin: Erythema multiforme, including Stevens-Johnson syndrome; toxic epidermal necrolysis.

Causal Relationship Unknown

Gastrointestinal: Pancreatitis, stomatitis.

Skin: Alopecia.

Nervous System/Psychiatric: Depression, insomnia.

Metabolic: Edema.

Clinical Laboratory Test Findings

Liver Function Tests: Liver function test abnormalities, including elevated alkaline phosphatase and bilirubin.

Thyroid Function Tests: Rare reports of thyroid function test abnormalities in patients taking concomitant thyroxine.

OVERDOSAGE: The oral LD_{50} of MEVACOR in mice is 20 g/kg.

Five healthy human volunteers have received up to 200 mg of lovastatin as a single dose without clinically significant adverse experiences. A few cases of accidental overdosage have been reported; no patients had any specific symptoms, and all patients recovered without sequelae. The maximum dose taken was 5 to 6 g.

Until further experience is obtained, no specific treatment of overdosage with MEVACOR can be recommended.

The dialyzability of lovastatin and its metabolites in man is not known at present.

DOSAGE AND ADMINISTRATION: The patient should be placed on a standard cholesterol-lowering diet before receiving MEVACOR and should continue on this diet during treatment with MEVACOR. MEVACOR should be given with meals.

The recommended starting dose is 20 mg once a day given with the evening meal. The recommended dosing range is 20 to 80 mg/day in single or divided doses; the maximum recommended dose is 80 mg/day. Adjustments of dosage should be made at intervals of 4 weeks or more. Doses should be individualized according to the patient's response (see Tables I to IV under CLINICAL PHARMACOLOGY, *Clinical Studies* for dose response results).

For those patients with severely elevated serum cholesterol levels (i.e., >300 mg/dL [7.8 mmol/L] on diet), MEVACOR may be initiated at 40 mg/day.

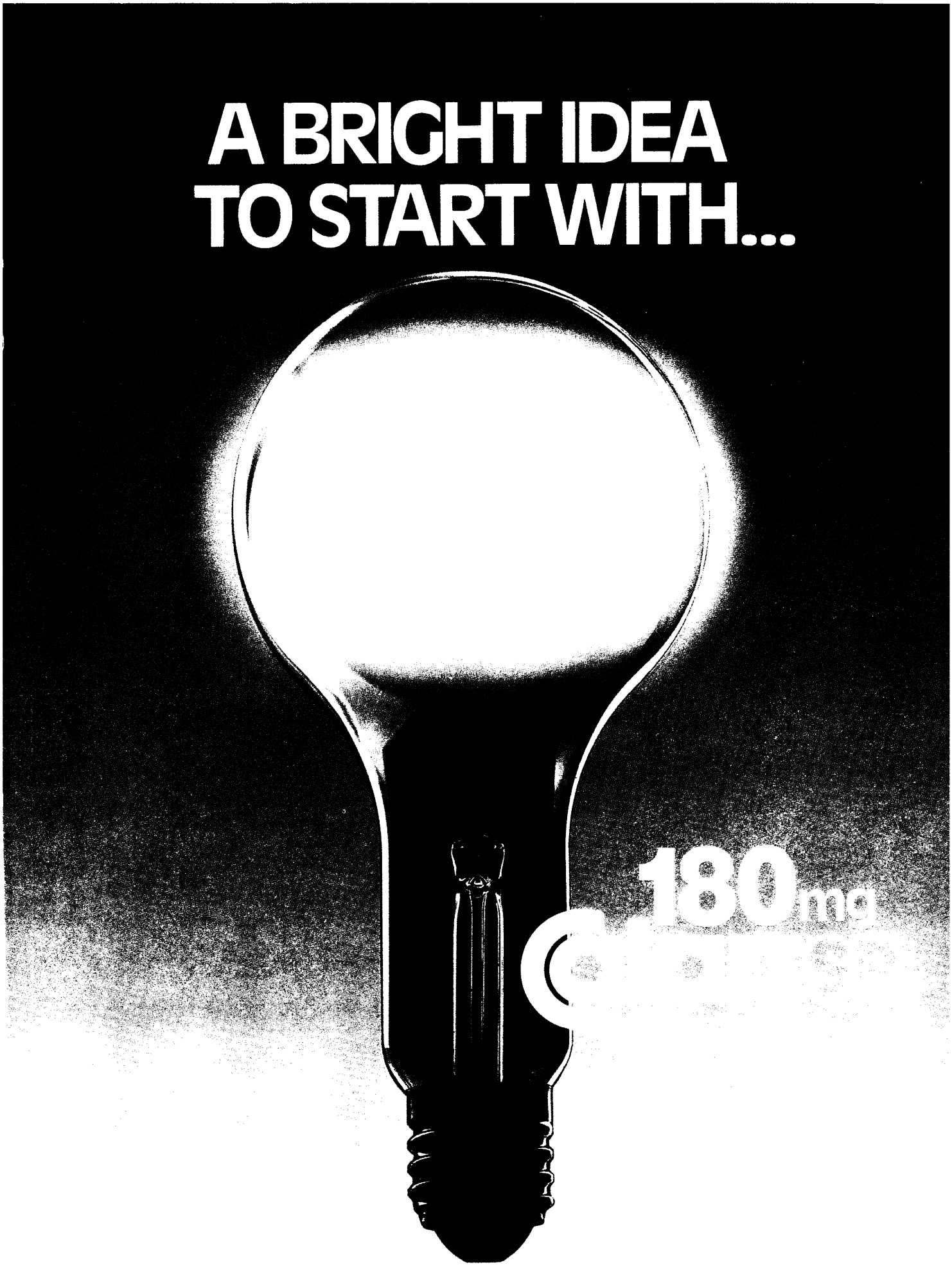
In patients taking immunosuppressive drugs concomitantly with lovastatin (see WARNINGS, *Skeletal Muscle*), the maximum recommended dosage is 20 mg/day.

Cholesterol levels should be monitored periodically and consideration should be given to reducing the dosage of MEVACOR if cholesterol levels fall below the targeted range.

MSD
MERCK SHARP & DOHME

For more detailed information, consult your MSD Representative or see Prescribing Information, Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, PA 19486. J0MC48R(510)

A BRIGHT IDEA TO START WITH...



What we've done for you lately.

We've taken some concrete steps toward making the less exciting parts of your job less of a problem.

Here's what we did.

We developed ways to speed up claims processing and payments. So you can spend more time worrying about patients, and less time worrying about paperwork.

Our new One Call system helps speed up utilization review and preauthorization. So you can get immediate answers to your benefit and eligibility questions with just one call.

And without being transferred or put on hold.

We've also developed a program called Claim Free,™ which further expedites the reimbursement process by eliminating paper claims for both you and your Medicare subscribers.

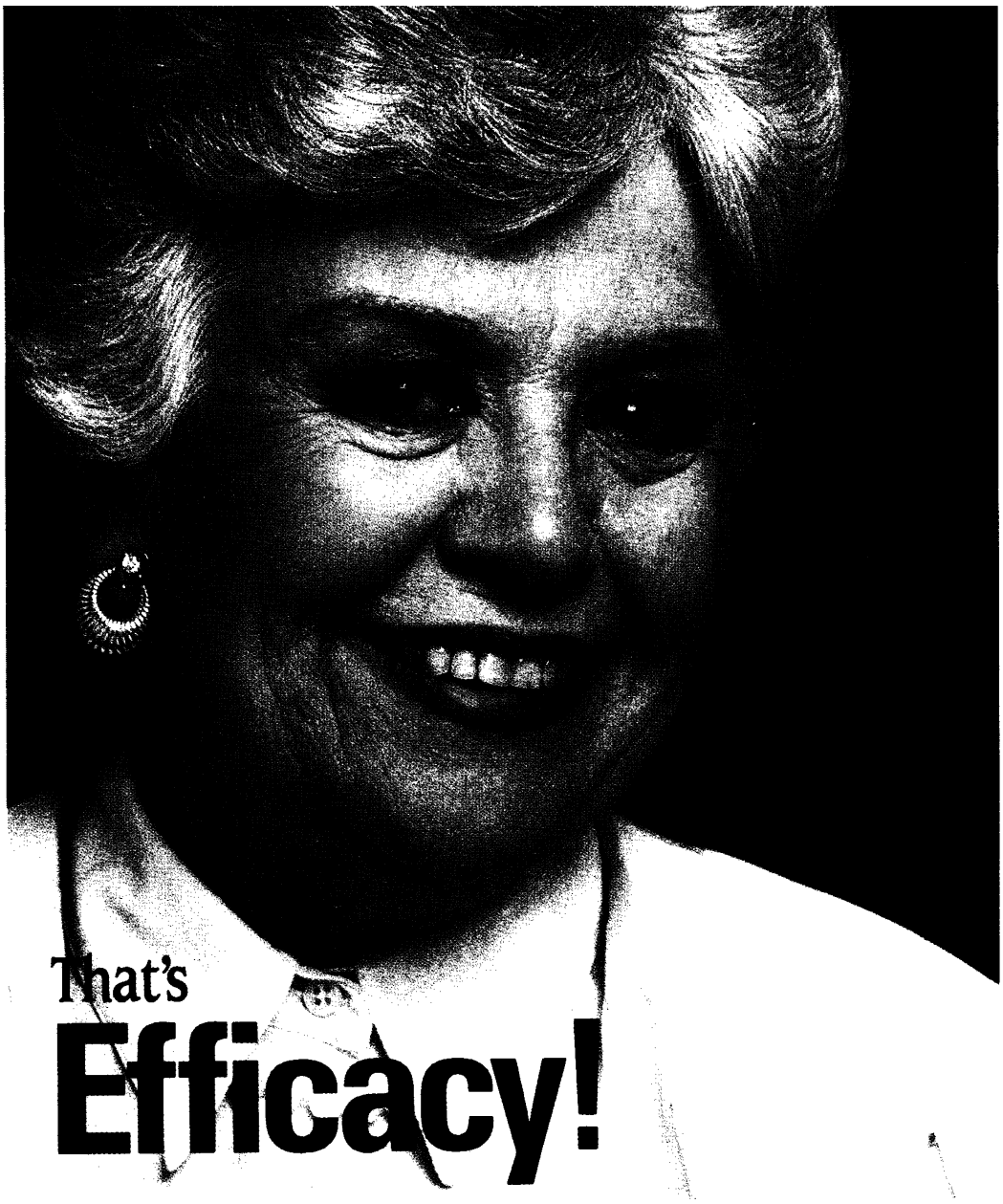
We're continuing to make these changes for one simple reason: The whole point of health care is to take care of people.

And, by taking better care of you, we're doing just that.

Blue Cross of California

We care about what's good for you.

Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.



That's

Efficacy!

BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

Effective choice for anxiety

BuSpar®

Tablets, 5 mg and 10 mg

(buspirone HCl)

for a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

For Brief Summary, please see following page.

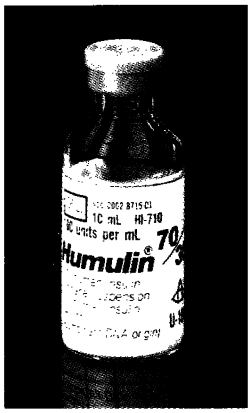
MJL8-4270

For your insulin-mixing or NPH-using patients

Humulin 70/30 makes life easier

Rapid onset and sustained duration insulin activity in a single vial

- May offer enhanced control through a more physiologic activity profile
- Accurate dosing—eliminates mixing errors
- Convenient premixed dose for better compliance
- Easy to use—for patients who find mixing difficult



Specify

Humulin® 70/30

70% human insulin isophane suspension
30% human insulin injection (recombinant DNA origin)

Humulin has just the right mix

Any change of insulin should be made cautiously and only under medical supervision.

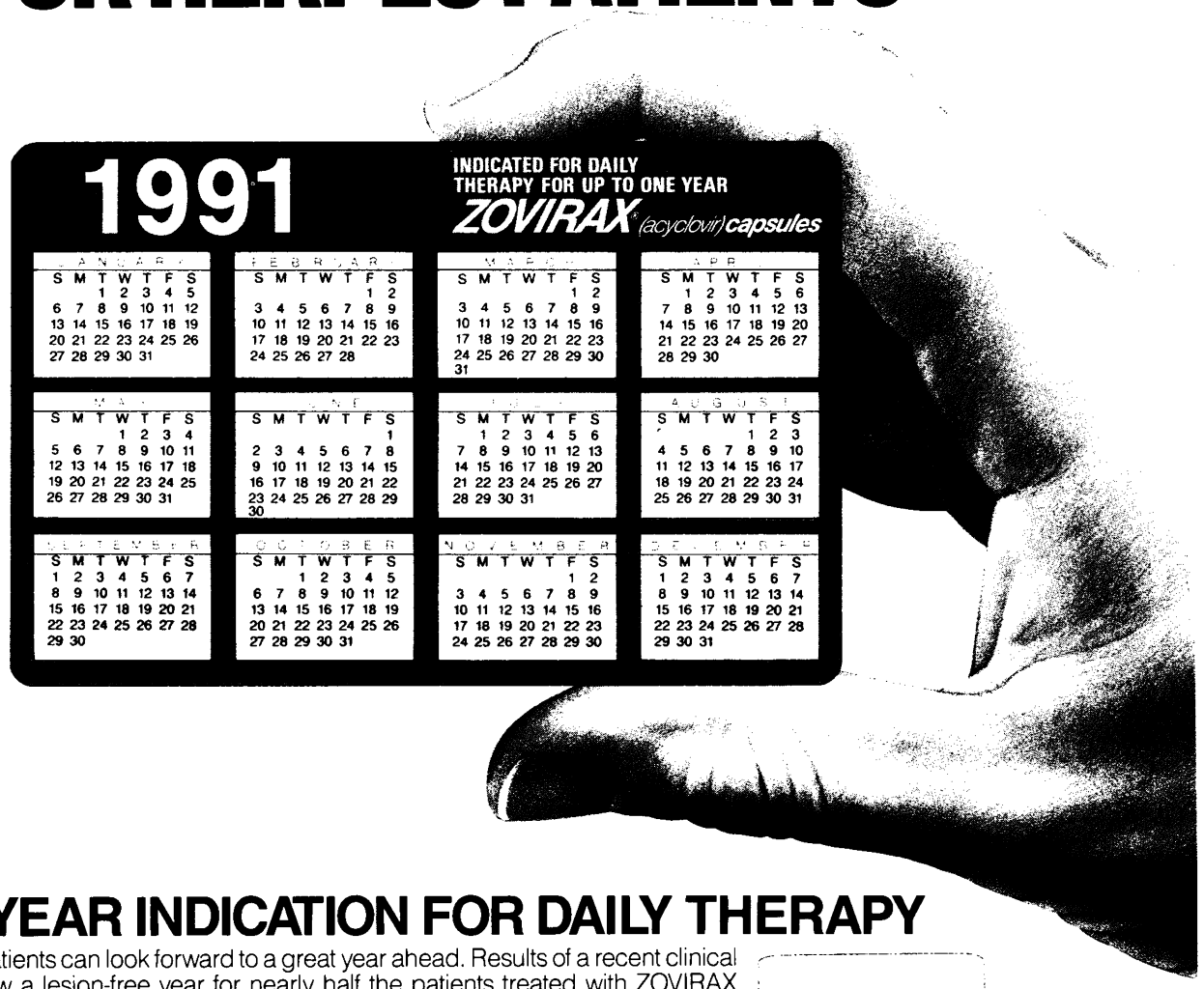
Changes in refinement, purity, strength, brand (manufacturer), type (regular, NPH, Lente®, etc), species (beef, pork, beef-pork, human), and/or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage.

Leadership In Diabetes Care

Lilly

Eli Lilly and Company
Indianapolis, Indiana
46285

ANNOUNCING A GREAT YEAR AHEAD FOR HERPES PATIENTS

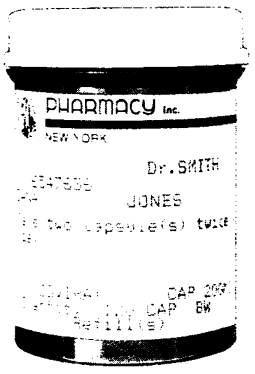


1-YEAR INDICATION FOR DAILY THERAPY

Herpes patients can look forward to a great year ahead. Results of a recent clinical study show a lesion-free year for nearly half the patients treated with ZOVIRAX Capsules 400 mg b.i.d.*[1] For all ZOVIRAX Capsule recipients, recurrences during the study year were limited to a mean of 1.8, compared with a mean of 11.4 for placebo recipients.[1]

Daily use was also shown to be well tolerated. And this extended clinical study demonstrated no evidence of cumulative toxicity and no change in acyclovir sensitivity.[1,2]

Prescribe daily ZOVIRAX Capsule therapy...and help keep your patients lesion-free longer.†



*Alternate maintenance regimens range from 200 mg t.i.d. to 200 mg five times daily.

†In a controlled study of 3 years' duration, 45%, 52%, and 63% of patients remained free of recurrences in the first, second, and third years, respectively.[3]

Please see brief summary of prescribing information on adjacent page.

ZOVIRAX®
(acyclovir) capsules

KEEPS HERPES PATIENTS LESION-FREE LONGER†

ZOVIRAX® CAPSULES
ZOVIRAX® SUSPENSION
(ACYCLOVIR)

BRIEF SUMMARY

INDICATIONS AND USAGE: Zovirax Capsules and Suspension are indicated for the treatment of initial episodes and the management of recurrent episodes of genital herpes in certain patients.

Zovirax Capsules and Suspension are also indicated for the acute treatment of herpes zoster (shingles).

Genital Herpes Infections: The severity of disease is variable depending upon the immune status of the patient, the frequency and duration of episodes, and the degree of cutaneous or systemic involvement. These factors should determine patient management, which may include symptomatic support and counseling only, or the institution of specific therapy. The physical, emotional and psycho-social difficulties posed by herpes infections as well as the degree of debilitation, particularly in immunocompromised patients, are unique for each patient, and the physician should determine therapeutic alternatives based on his or her understanding of the individual patient's needs. Thus orally administered Zovirax is not appropriate in treating all genital herpes infections. The following guidelines may be useful in weighing the benefit/risk considerations in specific disease categories:

First Episodes (primary and nonprimary infections—commonly known as initial genital herpes):

Double-blind, placebo-controlled studies have demonstrated that orally administered Zovirax significantly reduced the duration of acute infection (detection of virus in lesions by tissue culture) and lesion healing. The duration of pain and new lesion formation was decreased in some patient groups. The promptness of initiation of therapy and/or the patient's prior exposure to Herpes simplex virus may influence the degree of benefit from therapy. Patients with mild disease may derive less benefit than those with more severe episodes. In patients with extremely severe episodes, in which prostration, central nervous system involvement, urinary retention or *inability* to take oral medication require hospitalization and more aggressive management, therapy may be best initiated with intravenous Zovirax.

Recurrent Episodes:

Double-blind, placebo-controlled studies in patients with frequent recurrences (6 or more episodes per year) have shown that orally administered Zovirax given daily for 4 months to 3 years prevented or reduced the frequency and/or severity of recurrences in greater than 95% of patients.

In a study of 283 patients who received 400 mg (two 200 mg capsules) twice daily for 3 years, 45%; 52% and 63% of patients remained free of recurrences in the first, second and third years, respectively. Serial analyses of the 3 month recurrence rates for the 283 patients showed that 71% to 87% were recurrence-free in each quarter, indicating that the effects are consistent over time.

The frequency and severity of episodes of untreated genital herpes may change over time. After 1 year of therapy, the frequency and severity of the patient's genital herpes infection should be re-evaluated to assess the need for continuation of acyclovir therapy. Re-evaluation will usually require a trial off acyclovir to assess the need for reinstitution of suppressive therapy. Some patients, such as those with very frequent or severe episodes before treatment, may warrant uninterrupted suppression for more than a year.

Chronic suppressive therapy is most appropriate when, in the judgement of the physician, the benefits of such a regimen outweigh known or potential adverse effects. In general, orally administered Zovirax should not be used for the suppression of recurrent disease in mildly affected patients. Unanswered questions concerning the relevance to humans of *in vitro* mutagenicity studies and reproductive toxicity studies in animals given high parenteral doses of acyclovir for short periods (see Carcinogenesis, Mutagenesis, Impairment of Fertility) should be borne in mind when designing long-term management for individual patients. Discussion of these issues with patients will provide them the opportunity to weigh the potential for toxicity against the severity of their disease. Thus, this regimen should be considered only for appropriate patients with annual re-evaluation.

Limited studies have shown that there are certain patients for whom intermittent short-term treatment of recurrent episodes is effective. This approach may be more appropriate than a suppressive regimen in patients with infrequent recurrences.

Immunocompromised patients with recurrent herpes infections can be treated with either intermittent or chronic suppressive therapy. Clinically significant resistance, although rare, is more likely to be seen with prolonged or repeated therapy in severely immunocompromised patients with active lesions.

Herpes Zoster Infections: In a double-blind, placebo-controlled study of 187 normal patients with localized cutaneous zoster infection (93 randomized to Zovirax and 94 to placebo), Zovirax (800 mg 5 times daily for 10 days) shortened the times to lesion scabbing, healing and complete cessation of pain, and reduced the duration of viral shedding and the duration of new lesion formation.

In a similar double-blind, placebo-controlled study in 83 normal patients with herpes zoster (40 randomized to Zovirax and 43 to placebo), Zovirax (800 mg 5 times daily for 7 days) shortened the times to complete lesion scabbing, healing, and cessation of pain, reduced the duration of new lesion formation, and reduced the prevalence of localized zoster-associated neurologic symptoms (paresthesia, dysesthesia or hyperesthesia).

CONTRAINDICATIONS: Zovirax Capsules and Suspension are contraindicated for patients who develop hypersensitivity or intolerance to the components of the formulations.

WARNINGS: Zovirax Capsules and Suspension are intended for oral ingestion only.

PRECAUTIONS: General: Zovirax has caused decreased spermatogenesis at high parenteral doses in some animals and mutagenesis in some acute studies at high concentrations of drug (see PRECAUTIONS — Carcinogenesis, Mutagenesis, Impairment of Fertility). The recommended dosage should not be exceeded (see DOSAGE AND ADMINISTRATION).

Exposure of Herpes simplex and varicella-zoster isolates to acyclovir *in vitro* can lead to the emergence of less sensitive viruses. The possibility of the appearance of less sensitive viruses in man must be borne in mind when treating patients. The relationship between the *in vitro* sensitivity of Herpes simplex or varicella-zoster virus to acyclovir and clinical response to therapy has yet to be established (see CLINICAL PHARMACOLOGY-Microbiology).

Because of the possibility that less sensitive virus may be selected in patients who are receiving acyclovir, all patients should be advised to take particular care to avoid potential transmission of virus if active lesions are present while they are on therapy. In severely immunocompromised patients, the physician should be aware that prolonged or repeated courses of acyclovir may result in selection of resistant viruses which may not fully respond to continued acyclovir therapy.

Drug Interactions: Co-administration of probenecid with intravenous acyclovir has been shown to increase the mean half-life and the area under the concentration-time curve. Urinary excretion and renal clearance were correspondingly reduced. The clinical effects of this combination have not been studied.

Carcinogenesis, Mutagenesis, Impairment of Fertility: The data presented below include references to peak steady state plasma acyclovir concentrations observed in humans treated with 800 mg given orally 6 times a day (dosing appropriate for treatment of herpes zoster) or 200 mg given orally 6 times a day (dosing appropriate for treatment of genital herpes). Plasma drug concentrations in animal studies are expressed as multiples of human exposure to acyclovir at the higher and lower dosing schedules (see Pharmacokinetics).

Acyclovir was tested in lifetime bioassays in rats and mice at single daily doses of up to 450 mg/kg administered by gavage. There was no statistically significant difference in the incidence of tumors between treated and control animals, nor did acyclovir shorten the latency of tumors. At 450 mg/kg/day, plasma concentrations were 3 to 6 times human levels in the mouse bioassay and 1 to 2 times human levels in the rat bioassay.

Acyclovir was tested in two *in vitro* cell transformation assays. Positive results were observed at the highest concentration tested (31 to 63 times human levels) in one system and the resulting morphologically transformed cells formed tumors when inoculated into immunosuppressed, syngeneic, weanling mice. Acyclovir was negative (40 to 80 times human levels) in the other, possibly less sensitive, transformation assay.

In acute cytogenetic studies, there was an increase, though not statistically significant, in the incidence of chromosomal damage at maximum tolerated parenteral doses of acyclovir (100 mg/kg) in rats (62 to 125 times human levels) but not in Chinese hamsters; higher doses of 500 and 1000 mg/kg were clastogenic in Chinese hamsters (380 to 760 times human levels). In addition, no activity was found after 5 days dosing in a dominant lethal study in mice (36 to 73 times human levels). In all 4 microbial assays, no evidence of mutagenicity was observed. Positive results were obtained in 2 of 7 genetic toxicity assays using mammalian cells *in vitro*. In human lymphocytes, a positive response for chromosomal damage was seen at concentrations 150 to 300 times the acyclovir plasma levels achieved in man. At one locus in mouse lymphoma cells, mutagenicity was observed at concentrations 250 to 500 times human plasma levels. Results in the other five mammalian cell loci follow: at 3 loci in a Chinese hamster ovary cell line, the results were inconclusive at concentrations at least 1850 times human levels; at 2 other loci in mouse lymphoma cells, no evidence of mutagenicity was observed at concentrations at least 1500 times human levels.

Acyclovir has not been shown to impair fertility or reproduction in mice (450 mg/kg/day, p.o.) or in rats (25 mg/kg/day, s.c.). In the mouse study plasma levels were 9 to 18 times human levels, while in the rat study they were 8 to 15 times human levels. At a higher dose in the rat (50 mg/kg/day, s.c.), there was a statistically significant increase in post-implantation loss, but no concomitant decrease in litter size. In female rabbits treated subcutaneously with acyclovir subsequent to mating, there was a statistically significant decrease in implantation efficiency but no concomitant decrease in litter size at a dose of 50 mg/kg/day (16 to 31 times human levels). No effect upon implantation efficiency was observed when the same dose was administered intravenously (53 to 106 times human levels). In a rat peri- and postnatal study at 50 mg/kg/day s.c. (11 to 22 times human levels), there was a statistically significant decrease in the group mean numbers of corpora lutea, total implantation sites and live fetuses in the F_1 generation. Although not statistically significant, there was also a dose-related decrease in group mean numbers of live fetuses and implantation sites at 12.5 mg/kg/day and 25 mg/kg/day, s.c. The intravenous administration of 100 mg/kg/day, a dose known to cause obstructive nephropathy in rabbits, caused a significant increase in fetal resorptions and a corresponding decrease in litter size (plasma levels were not measured). However, at a maximum tolerated intravenous dose of 50 mg/kg/day in rabbits (53 to 106 times human levels), no drug-related reproductive effects were observed.

Intraperitoneal doses of 80 or 320 mg/kg/day acyclovir given to rats for 6 and 1 months, respectively, caused testicular atrophy. Plasma levels were not measured in the one month study and were 24 to 48 times human levels in the six month study. Testicular atrophy was persistent through the 4-week postdose recovery phase after 320 mg/kg/day; some evidence of recovery of sperm production was evident 30 days postdose. Intravenous doses of 100 and 200 mg/kg/day acyclovir given to dogs for 31 days caused aspermatogenesis. At 100 mg/kg/day plasma levels were 47 to 94 times human levels, while at 200 mg/kg/day they were 159 to 317 times human levels. No testicular abnormalities were seen in dogs given 50 mg/kg/day i.v. for one month (21 to 41 times human levels) and in dogs given 60 mg/kg/day orally for one year (6 to 12 times human levels).

Pregnancy: ***Teratogenic Effects:*** Pregnancy Category C. Acyclovir was not teratogenic in the mouse (450 mg/kg/day, p.o.), rabbit (50 mg/kg/day, s.c. and i.v.) or in standard tests in the rat (50 mg/kg/day, s.c.). These exposures resulted in plasma levels 9 and 18, 16 and 106, and 11 and 22 times, respectively, human levels. In a non-standard test in rats, there were fetal abnormalities, such as head and tail anomalies, and maternal toxicity. In this test, rats were given 3 s.c. doses of 100 mg/kg acyclovir on gestation day 10, resulting in plasma levels 63 and 125 times human levels. There are no adequate and well-controlled studies in pregnant women. Acyclovir should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus. Although acyclovir was not teratogenic in standard animal studies, the drug's potential for causing chromosome breaks at high concentration should be taken into consideration in making this determination.

Nursing Mothers: Acyclovir concentrations have been documented in breast milk in two women following oral administration of Zovirax and ranged from 0.6 to 4.1 times corresponding plasma levels. These concentrations would potentially expose the nursing infant to a dose of acyclovir up to 0.3 mg/kg/day. Caution should be exercised when Zovirax is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Herpes Simplex: ***Short-Term Administration:*** The most frequent adverse reactions reported during clinical trials of treatment of genital herpes with orally administered Zovirax were nausea and/or vomiting in 8 of 298 patient treatments (2.7%) and headache in 2 of 298 (0.6%). Nausea and/or vomiting occurred in 2 of 287 (0.7%) patients who received placebo.

Less frequent adverse reactions, each of which occurred in 1 of 298 patient treatments with orally administered Zovirax (0.3%), included diarrhea, dizziness, anorexia, fatigue, edema, skin rash, leg pain, inguinal adenopathy, medication taste and sore throat.

Long-Term Administration: The most frequent adverse reactions reported in a clinical trial for the prevention of recurrences with continuous administration of 400 mg (two 200 mg capsules) 2 times daily for 1 year in 586 Zovirax-treated patients were: nausea (4.8%), diarrhea (2.4%), headache (1.9%) and rash (1.7%). The 589 control patients receiving intermittent treatment of recurrences with Zovirax for 1 year reported diarrhea (2.7%), nausea (2.4%), headache (2.2%) and rash (1.5%).

The most frequent adverse reactions reported during the second year by 390 patients who elected to continue daily administration of 400 mg (two 200 mg capsules) 2 times daily for 2 years were headache (1.5%), rash (1.3%) and paresthesia (0.8%). Reactions reported by 329 patients during the third year include asthenia (1.2%), paresthesia (1.2%) and headache (0.9%).

Herpes Zoster: The most frequent adverse reactions reported during three clinical trials of treatment of herpes zoster (shingles) with 800 mg of oral Zovirax 5 times daily for 7 to 10 days in 323 patients were: malaise (11.5%), nausea (8.0%), headache (5.9%), vomiting (2.5%), diarrhea (1.5%) and constipation (0.9%). The 323 placebo recipients reported malaise (11.1%), nausea (11.5%), headache (11.1%), vomiting (2.5%), diarrhea (0.3%) and constipation (2.4%).

OVERDOSAGE: Precipitation of acyclovir in renal tubules may occur when the solubility (2.5 mg/mL) in the intratubular fluid is exceeded. Renal lesions considered to be related to obstruction of renal tubules by precipitated drug crystals occurred in the following species: rats treated with i.v. and i.p. doses of 20 mg/kg/day for 21 and 31 days, respectively, and at s.c. doses of 100 mg/kg/day for 10 days; rabbits at s.c. and i.v. doses of 50 mg/kg/day for 13 days; and dogs at i.v. doses of 100 mg/kg/day for 31 days. A 6 hr hemodialysis results in a 60% decrease in plasma acyclovir concentration. Data concerning peritoneal dialysis are incomplete but indicate that this method may be significantly less efficient in removing acyclovir from the blood. In the event of acute renal failure and anuria, the patient may benefit from hemodialysis until renal function is restored (see DOSAGE AND ADMINISTRATION).

DOSAGE AND ADMINISTRATION: Treatment of initial genital herpes: 200 mg (one 200 mg capsule or one teaspoonful [5 mL] suspension) every 4 hours, 5 times daily for 10 days.

Chronic suppressive therapy for recurrent disease: 400 mg (two 200 mg capsules or two teaspoonfuls [10 mL] suspension) 2 times daily for up to 12 months, followed by re-evaluation. See INDICATIONS AND USAGE and PRECAUTIONS for considerations on continuation of suppressive therapy beyond 12 months. Alternative regimens have included doses ranging from 200 mg 3 times daily to 200 mg 5 times daily.

Intermittent Therapy: 200 mg (one 200 mg capsule or one teaspoonful [5 mL] suspension) every 4 hours, 5 times daily for 5 days. Therapy should be initiated at the earliest sign or symptom (prodrome) of recurrence.

Acute Treatment of Herpes Zoster: 800 mg (four 200 mg capsules or four teaspoonfuls [20 mL] suspension) every 4 hours orally 5 times daily for 7 to 10 days.

Patients With Acute or Chronic Renal Impairment: Comprehensive pharmacokinetic studies have been completed following intravenous acyclovir infusions in patients with renal impairment. Based on these studies, dosage adjustments are recommended in the following chart for genital herpes and herpes zoster indications:

Normal Dosage Regimen (5x daily)	Creatinine Clearance (mL/min/1.73m²)	Adjusted Dosage Regimen	
		Dose (mg)	Dosing Interval (hrs)
200 mg every 4 hours	> 10	200	every 4 hours, 5x daily
	0-10	200	every 12 hours
800 mg every 4 hours	> 25	800	every 4 hours, 5x daily
	10-25	800	every 8 hours
	0-10	800	every 12 hours

For patients who require hemodialysis, the dosing schedule should be adjusted so that a dose is administered after each dialysis.

References: 1. Mertz GJ, Jones CC, Mills J, et al. Long-term acyclovir suppression of frequently recurring genital herpes simplex virus infection: a multicenter double-blind trial. *JAMA*. 1988;260:201-206. **2.** Mertz GJ, Eron L, Kaufman R, et al. Prolonged continuous versus intermittent oral acyclovir treatment in normal adults with frequently recurring genital herpes simplex virus infection. *Am J Med*. 1988;85(suppl 2A):14-19. **3.** Data on file, Burroughs Wellcome Co., 1990.

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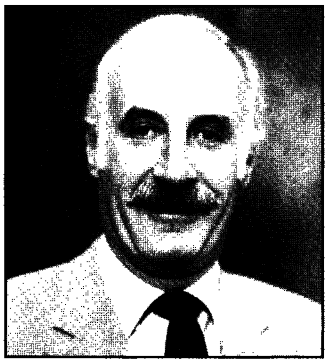
Sun Valley, Idaho—July 25-27, 1991



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SCHEDULE

THURSDAY, JULY 25, 1991

8:30 AM - 5:00 PM HOUSE OF DELEGATES

SCIENTIFIC SESSION - FRIDAY, JULY 26, 1991

7:45 AM	WELCOME—*David M. Barton, MD*
8:00 AM	RHEUMATOID ARTHRITIS *James Louie, MD* Chief, Division of Rheumatology, UCLA School of Medicine
8:50 AM	GASTROESOPHAGEAL REFLUX DISORDERS *Michael Levitt, MD* Associate Chief of Staff for Research VAMC Minneapolis, Professor of Medicine, University of Minnesota
9:40 AM	RECESS TO REVIEW EXHIBITS
10:10 AM	CA RISK FACTORS IN ESTROGEN REPLACEMENT *R. Donald Gambrell, Jr., MD* Clinical Professor, Department of Endocrinology, Medical College of Georgia
11:00 AM	PHYSICIAN CONCERNS: ETHICS OF AIDS *Roy Schwarz, MD* Senior Vice President, Medical Education and Science, American Medical Association
11:50 AM	MORNING WRAP-UP
12:00 NOON	LUNCH BREAK
1:30 PM	GAS AND BLOATING *Michael Levitt, MD*
2:20 PM	RENOIR: HIS ART AND HIS ARTHRITIS *James Louie, MD*
3:00 PM	OSTEOARTHRITIS AND ESTROGEN *R. Donald Gambrell, Jr., MD*

SATURDAY, JULY 27, 1991

8:30 AM CLOSING SESSION, HOUSE OF DELEGATES

Registration Fee: $150.00 for non-IMA members and out-of-state physicians
For Information Contact: Idaho Medical Association, P.O. Box 2668, Boise, ID 83701
Telephone: (208) 344-7888

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Chief
Division of Rheumatology
UCLA School of Medicine

Michael Levitt, MD
Associate Chief of
Staff for Research
VAMC Minneapolis
Professor of Medicine
University of Minnesota

R. Donald Gambrell, Jr., MD
Clinical Professor
Department of Endocrinology
Medical College of Georgia

Roy Schwarz, MD
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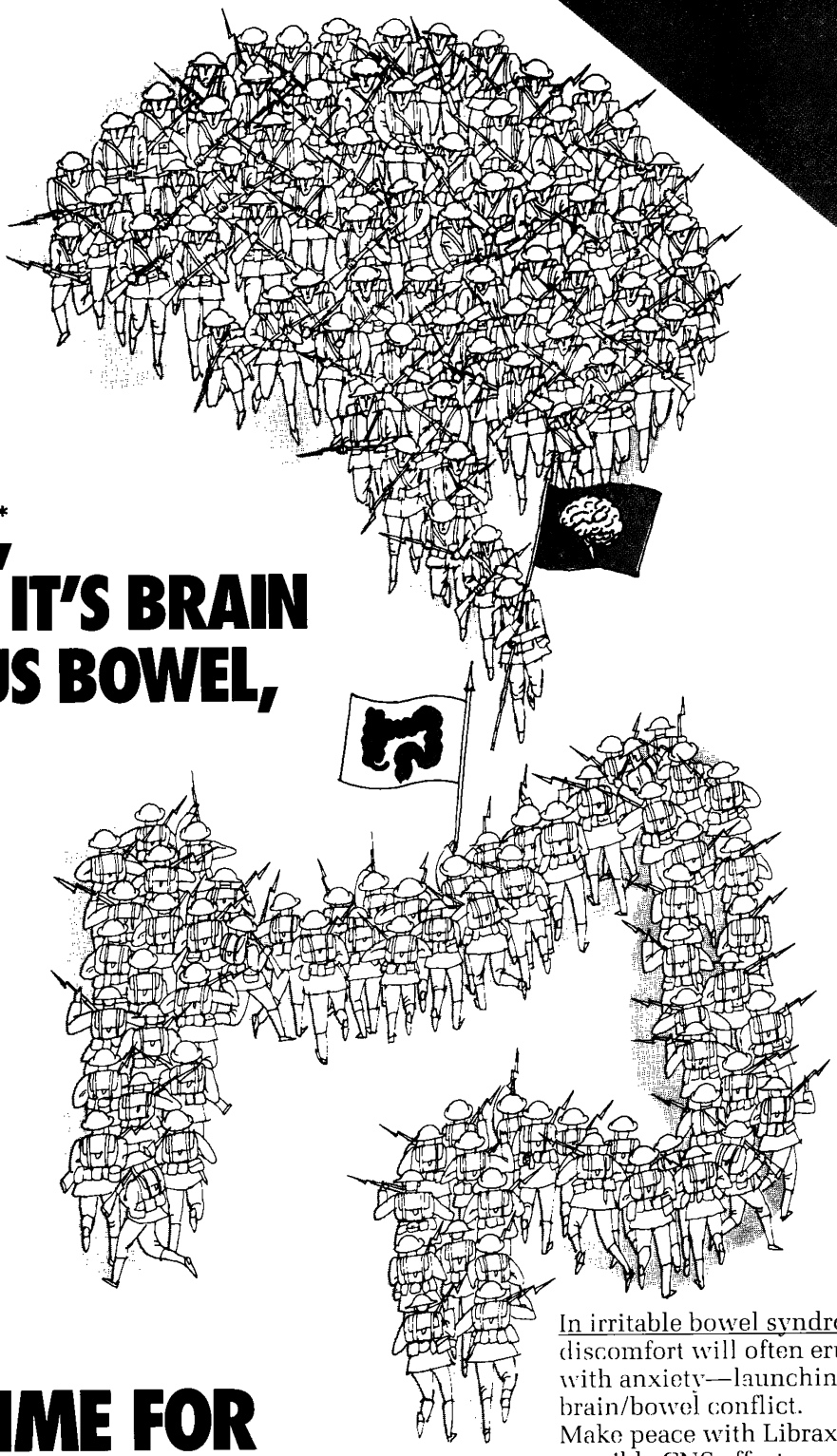

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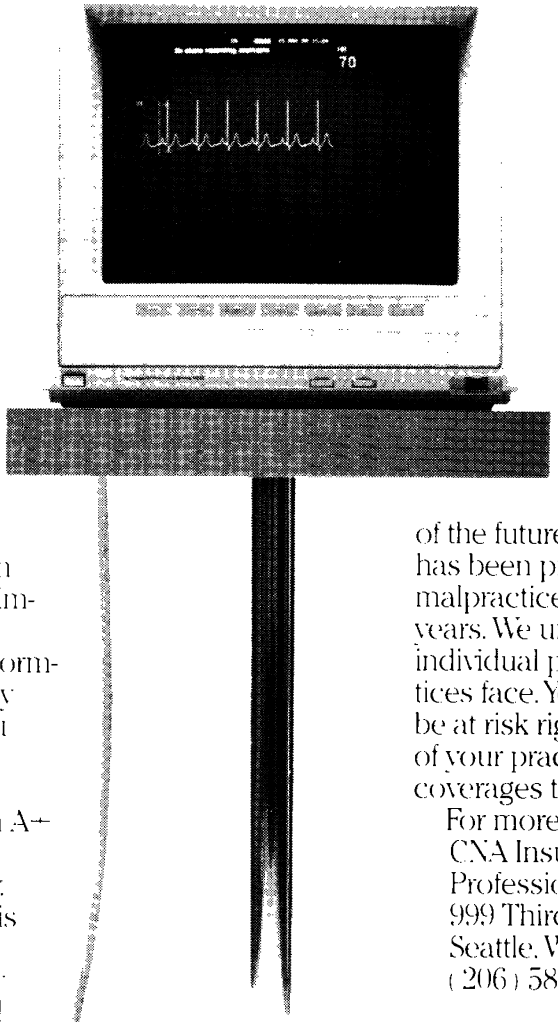

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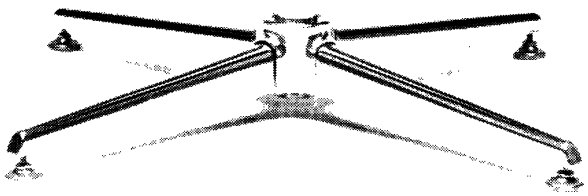

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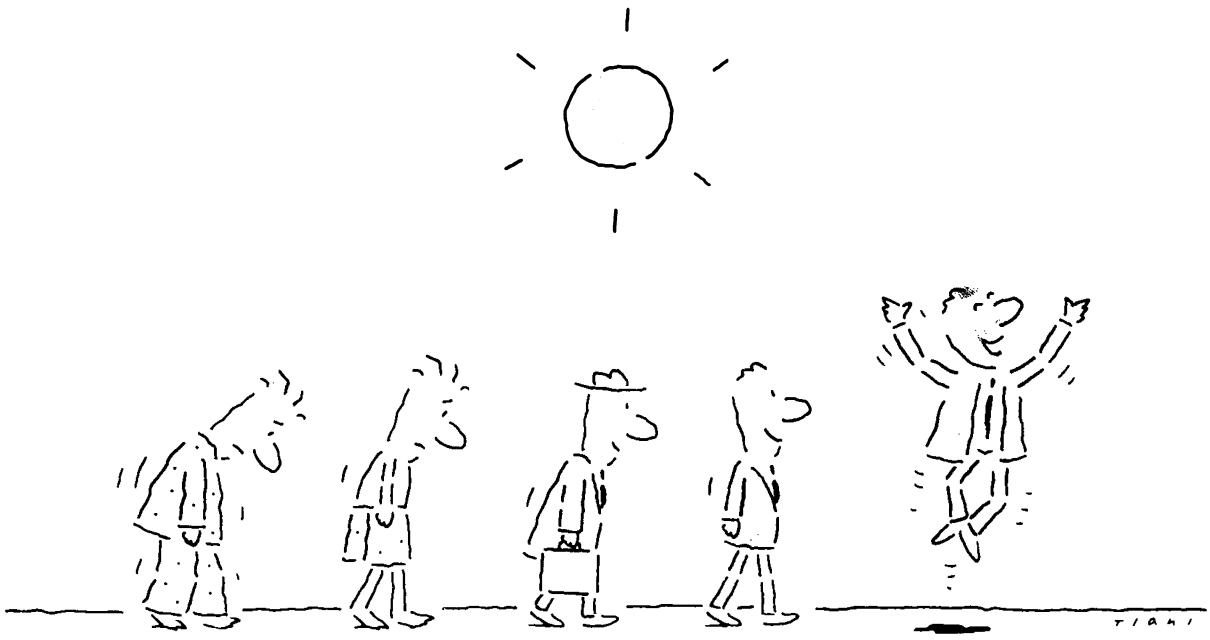

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Located in central California near Sequoia National Park, Tulare offers an excellent family oriented lifestyle and all expected amenities. Beautiful homes, close to hospital and office, are affordably priced. Good schools, many community activities, and abundant recreation including golf, tennis, skiing, mountain and equestrian activities. Easy access to all California's major metropolitan and resort areas.

Contact:
Tulare District Hospital
Physician Recruiting Office
PO Box 90112
Los Angeles, CA 90009
(800) 468-2687

OREGON. General Internal Medicine and Family Practice, BC/BE, sought for 10 member, multispecialty group in beautiful rural community, population 16,500, 38 miles southwest of Portland. Send CV to Administrator, 420 E. Fifth St, McMinnville, OR 97128; (503) 472-6161.

ARIZONA OPPORTUNITIES TO EQUAL YOUR AMBITIONS. Thomas-Davis Medical Centers, PC, a rapidly expanding multispecialty group practice of 150 plus physicians in 14 clinic locations throughout Arizona has positions available in Family Practice, Internal Medicine, Otolaryngology, OB/GYN, and Orthopedics. Exceptional fringe benefits, profit sharing, and retirement program. Guarantee for first two years, plus incentive. Early shareholder. Fee-for-service, as well as physician owned HMO. Must be BC/BE. Call or write Bill De Long at Thomas-Davis Medical Centers, PC, PO Box 12650, Tucson, AZ 85732; 1 (800) 658-9166.

FAMILY PRACTICE, BC/BE to join group practice in growing southwestern town. Full service clinic, 280-bed hospital. Offering competitive salary, equal call schedule, partnership. Contact Myrna Hughes, Arizona Western Medical Center, 2149 W. 24th St, Yuma, AZ 85364; (602) 344-1400.

BEAUTIFUL MONTEREY BAY. Immediate opportunity for a friendly, skilled, Family Practice or Emergency Physician to join highly respected Urgent Care group with two beautiful Santa Cruz clinics. Committed to high quality care. Nice people, flexible scheduling, comprehensive benefits, including paid malpractice, group health insurance, long-term disability insurance, no nights, rapid advancement to full partnership in an outstanding place to live. Please send CV to Stuart Simon, MD, 6800 Soquel Dr, Aptos, CA 95003; or call (408) 662-3611.

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PHYSICIANS WANTED

CALIFORNIA

Primary Care Physicians and Radiologists needed to work as *locum tenens* statewide. High salary, paid malpractice. Work whenever and wherever you wish. Permanent placements as well. **Western Physicians Registry: Northern California, contact Jim Ellis, Director, (415) 601-7676 or (800) 437-7676. Southern California, contact Tracy Zweig, Director, (805) 643-9346 or (800) 635-3175.**

EMERGENCY MEDICINE PHYSICIAN. Seeking full-time Emergency Medicine Physician with a minimum of five years experience working full-time in high volume (40,000 annual visits or more), high-acuity Emergency Department, with at least two years of surgical training. Physician must be willing to accept rural assignments and make a five year commitment. Physician must have excellent references for medical competence, references required. Must be willing to work nights. Salary $50.00 to $75.00 per hour. Qualified applicants send résumé to Nancy Rickards, Director of Physician Services, Arizona Emergency Physicians, Ltd, 2222 S Dobson Rd, Ste 1100, Mesa, Arizona 85202. (Job location: Arizona) Proof of authorization to practice in US required if hired.

INTERNIST BE/BC. Superior opportunity for Internist within a growing innovated group. Be a part of a progressive growing group providing care in the San Gabriel Valley. Competitive salary and full benefit package available to qualified candidate. Please send CV to Shirley Dykes, Arroyo Seco Medical Group, 800 S Fairmount Ave, Ste 110, Pasadena, CA 91105.

ORTHOPAEDIST—BC/BE for expanding San Francisco bay area practice emphasizing Occupational Medicine and medical-legal evaluation seeks full-time nonsurgery practicing Orthopaedist. Outstanding reputation, facilities and support staff, established referral base. Unique income opportunities. Submit CV and letter stating professional goals and availability to: Administrator, 2040 Polk St, Box 337, San Francisco, CA 94109.

FAMILY PHYSICIANS WANTED. We have opportunities for placement in California. We specialize only in Family Practice placement. Send CV to Family Physician Placement Services, 1528 Brookhollow Dr, Ste 58, Santa Ana, CA 92705; or call 1 (800) 422-1143.

SAN FRANCISCO AREA. Ready demand in East Bay Suburbs. Five Family Practitioners for five practice opportunities. Excellent compensation, interview, relocation. Call Alex Johnson; (800) 327-1585.

NORTHERN CALIFORNIA. Adult Otolaryngologist sought for two person practice in beautiful growth area with 60,000 population set in foothills. Take over practice Sr ENT. Excellent compensation package. Good schools, affordable housing. Call Alex Johnson; 1 (800) 327-1585.

SAN FRANCISCO BAY AREA. Energetic, recently trained BC/BE General Internist needed for 12 MD satellite of Palo Alto Medical Clinic, a 150 physician multispecialty group with a national reputation for innovation and excellence. Broad inpatient/outpatient Internal Medicine practice in growing Bay Area community. Excellent location with convenient access to San Francisco and Stanford. Competitive compensation/benefits package. Early partnership. Please send CV to David Hooper, PAMC Fremont Center, 39500 Liberty St, Fremont, CA 94538.

SOUTHERN CALIFORNIA—CLINICAL ALLERGISTS/IMMUNOLOGISTS AND PEDIATRIC PULMONOLOGIST

Practice and career opportunities with the nation's largest and most respected physician-managed group practice in managed care. Practice and career opportunities available in major metropolitan and suburban areas for staff positions. For more information, send your CV to:

Irwin P. Goldstein, MD, Associate Medical Director, SCPMG, KAISER PERMANENTE, Department 057, Walnut Center, Pasadena, CA 91188-8013; or call 1 (800) 541-7946.

PHYSICIANS WANTED

Come Enjoy a Quality *Inland Northwest* Lifestyle in Spokane, Washington

Join this well established 80 physician owned and operated multispecialty group offering excellent practice opportunities to the BC/BE physicians in the following specialties:

CARDIOLOGY
DERMATOLOGY
FAMILY PRACTICE
NEPHROLOGY
ENDOCRINOLOGY
ORTHOPEDICS
RHEUMATOLOGY

Attractive benefit package includes competitive salary leading to early shareholder status. High productivity is generously rewarded.

CONTACT: **Colleen Mooney, Recruitment Coordinator**

Rockwood Clinic, PS

E. 400 Fifth Ave
Spokane, WA 99202
(509) 838-2531

EMERGENCY MEDICINE. Emergency Medicine group seeking career oriented ACLS, ATLS certified physician for an immediate opening. Moderate volume; income $140,000 plus. Great outdoor activities including hunting, fishing, boating, skiing, sailing, camping, and hiking in south central Washington on the Columbia River. Send CV to Kennewick Emergency Physicians, PS, PO Box 6192, Kennewick, WA 99336-6192; or call (509) 627-1798.

SAN JOAQUIN VALLEY. Excellent opportunity for Family Practitioner to serve the underserved. No night call or weekends. Competitive salary plus benefits, paid malpractice. Agricultural community, one hour from the mountains, two hours from the coast. Bilingual English-Spanish helpful. Send CV to Hugh F. Stallworth, MD, Fresno County Department of Health, PO Box 11867, Fresno, CA 93775; (209) 445-3202.

NEUROLOGIST—BC/BE, full- or part-time, for expanding San Francisco bay area. Private practice with emphasis on clinical Occupational Neurology and medical-legal evaluations. Expertise in EMG, EEG and EP desired. Excellent reputation, referral base, facilities and support staff. Unique income opportunity. Submit CV and letter stating professional goals, and availability to Personnel, 2040 Polk St, Box 337, San Francisco, CA 94109.

PEDIATRIC OPPORTUNITY available on scenic central California coast close to Monterey and Santa Cruz. Private practice situation and hospital affiliation available for BC/BE Pediatrician to join with four established Pediatricians in tranquil semi-rural setting. Call-sharing arrangement and participation in modern, progressive community hospital with active maternity service and Level II Nursery. Financial incentive for first two years will cover malpractice, relocation and start-up expenses. Contact Esther Ura, Medical Staff Secretary, Watsonville Community Hospital; (408) 761-5614.

INTERNIST. BC/BE Internist with interest or subspecialty training and/or certification in Critical Care Medicine to work in a twelve-bed multidisciplinary Critical Care unit associated with a General Internal Medicine Service. For more information call Robert L. Waters, MD, Medical Director, Rancho Los Amigos Medical Center, 7601 E Imperial Hwy, Downey, CA 90242; (213) 940-7161.

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NORTHERN CALIFORNIA

Several positions available for Family Practice, Internal Medicine, and most medical subspecialties. We are a young, aggressive group in a well known prepaid group practice HMO organization with excellent benefits and a very reasonable call schedule. You will have a rewarding practice opportunity with ample time to enjoy the mountains and San Francisco which are nearby. If interested please call or send CV to Physician Recruitment, Administration, The Permanente Medical Group, Inc, 1305 Tommydon St, Stockton, CA 95210; (209) 476-3300.

NEPHROLOGIST WANTS PARTNER/ASSOCIATE BC/BE Gastroenterologist/Cardiologist/Nephrologist/Pulmonologist. Excellent practice, equal partnership opportunity without buy-in or overhead. Send CV to Dr M. Streger, 27800 Medical Center Rd, Ste 122, Mission Viejo, CA 92691.

MEDICAL DIRECTOR. Family Practice Physician (BC/BE) for community based clinic. Emphasis Family Planning, Primary Care, Pediatrics, STD and health education. Responsibile for medical policy, QA, and supervision of clinical staff. Bilingual/cultural Hispanic preferred. Inquiries to EVCC, 2470 Alvin Ave, #3, San Jose, CA 95121. EOE.

OTOLARYNGOLOGIST. BC/BE to join 28 physician multispecialty group practice. Located in beautiful Pacific northwest between Seattle and Vancouver, BC. Contact Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273.

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PHYSICIANS WANTED

OB/GYN. BC/BE to join 20 physician (OB, Pediatrics, Internal Medicine) practice in sunny central Washington. Reasonable call schedule with three OB/GYN department. Loan repayment program available. Competitive salary, excellent benefit package including vacation at 30 days per year and professional liability. Contact Ann Garza, Yakima Valley Farm Workers Clinic, PO Box 190, Toppenish, WA 98948; (509) 865-5898.

OPPORTUNITY for full- and part-time Emergency Physicians. Excellent fee-per-patient load ratio. Malpractice paid. Also, Emergency Department/Family Practice positions for urgent care/industrial center. Send CV to Front Line Community Physicians, PO Box 10610, Santa Ana, CA 92711, or contact Medical Director at (714) 771-3290.

MONTEREY BAY. Immediate opportunity for full-time/part-time Internist/Family Practitioner to join busy, well established and respected group practice. Excellent laboratory and x-ray facilities. Send CV to Thorngate Medical Group, attn. Jean Reynolds, 1011 Cass St, Ste 201, Monterey, CA 93940.

HAWAII. Family Practitioner and Pediatrician needed for rural underserved area. Full-time position in nonprofit community health clinic. No OB, hospitalizations optional. Desire dedicated person to work in multicultural setting. Contact Alan Chun, MD, Waianae Coast Comprehensive Health Center, 86-260 Farrington Hwy, Waianae, HI 96792; (808) 696-7081.

OB/GYN, INTERNISTS, Family Practitioners, Pediatricians for Arizona and western opportunities. Quality positions available other regions of country. Inquiries confidential. Mitchell & Associates, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

RADIOLOGIST. Part-time position available immediately in small hospital with general Radiography and Fluoroscopy, Mammography, and Ultrasound in Weaverville, California. Contact Drs Wheeler, Biggs, or Babbitt, West Coast Radiology, 3798 Janes Rd, Ste 12, Arcata, CA 95521; office number (707) 822-3621, ext 191.

MULTIPLE FAMILY PRACTICE (BC/BE) positions available in several suburban satellite clinics of a large Seattle area multispecialty group practice. Diverse patient population includes managed care, fee-for-service, and retired military (at some satellite clinics). Competitive salary and excellent benefits. Contact Mary Anderson, Pacific Medical Center, 1200 12th Ave S., Seattle, WA 98144; (206) 326-4111.

URGENT CARE/PRIMARY CARE PHYSICIANS for over 90 positions available with various physician groups in Phoenix metropolitan/Tucson, Arizona. Excellent compensation and partnership opportunities. Contact Mitch Young, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

OB/GYN. Multispecialty group in northwest Washington desires second Obstetrician. Excellent practice opportunity, full range of benefits, early partnership status, all practice costs paid. For more information contact Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

BC/BE FAMILY PRACTITIONER, OB-competent, for nonprofit community clinic in California redwood country. Rural but sophisticated university town. Contact Donald Verwayen, Northcountry Clinic, 785 18th St, Arcata, CA 95521; (707) 822-2481.

MEDICAL DIRECTOR TRAUMA SERVICES. Eden Hospital. Level II Regional Trauma Center, Alameda county. Submit CV to Trauma Services, Eden Hospital, 20103 Lake Chabot Rd, Castro Valley, CA 94546; or call Dr Peter Wong, (415) 886-0535 or Dr Brian Walker, (415) 881-8445.

INTERNIST. Immediate opening. Large, established, rapidly growing Los Angeles medical facility. High salary. Full benefits. Malpractice insurance paid. Contact Mr Miller; (213) 384-2504.

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PHYSICIANS WANTED

COME TO THE MOUNTAINS

Excellent opportunity for BC/BE Internists interested in private or group practices. Cody, Wyoming, is located only 50 miles from Yellowstone National Park. This attractive community is abundant in fishing, hunting, and outdoor sports. NO STATE INCOME TAX! Facility consists of 46-bed Acute Care, 107-bed attached Long Term Care Center and 14-bed Chemical Dependency Center. For more information call:

Fred Whitmore, CEO
(307) 578-2488
or send CV to:
West Park Hospital
707 Sheridan Ave
Cody, WY 82414.
EOE.

NEWPORT BEACH. Start up opportunity to associate with a busy General Internist. Flexible terms. Please send CV to John Homan, MD, 351 Hospital Rd, #411, Newport Beach, CA 92663; (714) 548-1278.

CLINIC PHYSICIAN—SOLANO COUNTY, CALIFORNIA. (Salary $4911 to $5969 per month.) Solano County Health Services Department currently has an opening for Clinic Physician-MCH Director and full- and part-time Clinic Physicians. Please contact Solano County Human Resources Department, 580 Texas St, Fairfield, CA 94533; (707) 421-6170. EOE/AA

HOUSE PHYSICIAN. Seton Medical Center is a fully accredited 350-bed facility that serves a diverse patient population from San Francisco and the peninsula. Position available immediately for third physician to share 24-hour house coverage. Hours negotiable. Current California license and general medicine background required. BE in Family Practice or Internal Medicine highly desired. Malpractice insurance paid. Competitive salary. Sponsored and operated by the Daughters of Charity of St Vincent de Paul. Equal opportunity employer. Send CV to Kathy Green, Manager, Employment, Seton Medical Center, 1900 Sullivan Ave, Daly City, CA 94015.

NORTHERN CALIFORNIA GENERAL SURGEON. Opportunity for General Surgeon with thoracic and vascular experience. Salary leading to partnership. Surgical group in northern California rural community. Excellent quality of life. Reply to 1165 S Dora, Ste A-3, Ukiah, CA 95482; (707) 462-7579.

GALLUP-THOREAU-GRANTS, NEW MEXICO: SCENIC CORRIDOR TO NORTHWESTERN NEW MEXICO. National forests, Indian culture and historic sites await Family Practitioner/General Practitioner in a community health center system. Contact New Mexico Health Resources, Box 27650, Albuquerque, NM 87125; (505) 260-0993. Not-for-profit, no fee placement assistance.

FACULTY POSITIONS. Well established, fully accredited, 18 resident program seeking full-time faculty. Program is affiliated with UC Davis and located in Stockton, California. Candidate must be BC/BE. Teaching and OB experience preferred, but not required. Responsibilities include resident teaching, patient care, administration, and research development. Send CV to Bruce S. Nickols, MD, Family Practice Department, San Joaquin General Hospital, PO Box 1020, Stockton, CA 95201; (209) 468-6834. AA/EOE.

SOUTHERN CALIFORNIA HEAD AND NECK SURGEONS

Practice and career opportunities with the nation's largest and most respected physician-managed group practice in managed care. Practice and career opportunities available in major metropolitan and suburban areas for both staff and chief positions. For more information, send your CV to:

Irwin P. Goldstein, MD, Associate Medical Director, SCPMG, KAISER PERMANENTE, Department 057, Walnut Center, Pasadena, CA 91188-8013; or call 1 (800) 541-7946.

PHYSICIANS WANTED

INTERNAL MEDICINE. A prime Internal Medicine practice awaits you in sunny, metropolitan Phoenix, Arizona. We have additional Internal Medicine opportunities in picturesque Wisconsin and Ohio. Competitive income guarantee. Available benefits include malpractice insurance, CME allowance, relocation expenses assistance, administrative/financial support and more. For confidential inquiry, call 1 (800) 969-7715. Dan Jones, Gielow/Laske Associates, 306 N. Milwaukee St, Milwaukee, WI 53202.

CALIFORNIA. Physician recruiting services available to solo practitioners, single and multispecialty clinics, and hospitals. Placement positions available in some specialties. For information call Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (415) 376-0762.

OPPORTUNITY FOR ENERGETIC, ENTREPRENEURIAL PRACTITIONER to establish new practice at the El Dorado Medical Village (a 20,000 square foot office complex) located between the hospitals in Stockton. Historic, rapidly growing community of 300,000 located on the Delta waterways between the San Francisco bay and the Sierra Nevada mountains. Call Bill Campbell; (209) 462-6130, or (415) 574-0320.

BOULDER COLORADO—BC/BE FAMILY PRACTICE PHYSICIAN for busy clinic serving low income and underserved people. Position includes faculty appointment at the University of Colorado Department of Family Medicine and the opportunity to train residents. Clinic is eight miles from Boulder and 30 miles from Denver, Colorado. Send résumé to CCFHS, 1345 Plaza Ct N, Lafayette, CO 80026; or call Pete Leibig at (303) 665-9310 for more details.

CARDIOLOGY. Invasive Cardiologist join noninvasive; new Cath lab; north bay area. Huge opportunity. Electrophysiologist even better. Résumé to Number 234, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602. ASAP.

PATHOLOGIST, BC/BE—CENTRAL CALIFORNIA VALLEY. Seven member group seeks associate for independent multiple hospital and private laboratory practice. Send CV to Robert F. Chard, MD, Delta Pathology Associates Medical Group, 2291 W. March Ln, Ste 179E, Stockton, CA 95207.

PRIMARY CARE PHYSICIAN wanted for expanding eastern Washington clinic. Full- and part-time positions available. Located in prime recreational area. Skiing, sailing, fishing, hunting all within a short distance. Enjoy mild climate, excellent schools and a major university branch campus in growing community of 100,000 plus. Challenging work in a superbly equipped clinic with state-of-the-art lab, x-ray, laser, and endoscopy. Above average compensation and benefits including malpractice, health insurance, and CME. Contact Dr Stephen L. Smith, 310 Torbett, Richland, WA 99352; (509) 545-8340 or fax (509) 545-1136.

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Catherine M. Dawson
Director of Recruitment

Glenn W. Farmer
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1-800-527-2145

EGSI, 1717 Main Street, Suite 5200
Dallas, Texas 75201
214/761-9200

PHYSICIANS WANTED

GENERAL SURGEON position available with large Seattle area multispecialty group practice. Diverse patient population includes managed care, fee-for-service, active duty, and retired military. Competitive salary and excellent benefits. Send CV to Mary Anderson, Pacific Medical Center, 1200 12th Ave S, Seattle, WA 98144; (206) 326-4100.

DYNAMIC CENTRAL CALIFORNIA FAMILY PRACTICE GROUP seeking BE/BC associate for Urgent Care/Occupational Medicine, Private Family Practice, or a combination of both. Excellent guaranteed salary, plus benefits, vacation, educational leave, paid malpractice. Outstanding call group available. Please call (805) 322-2273 or send CV to Michael Huey, MD, Southwest Urgent Care Center, 5397 Truxtun Ave, Bakersfield, CA 93309.

INTERNIST—SAN FRANCISCO BAY AREA. Turnkey opportunity for BC/BE clinician interested in assuming substantial private practice available as the result of physician's relocation for personal reasons. A growth area with rapid expansion potential located adjacent to a modern tertiary hospital with excellent ancillary and support services. Overhead and malpractice covered with a competitive salary plus generous incentive with an ownership or equity option provided. Send CV to Fremont Medical Group, 33319 Palomares Rd, Castro Valley, CA 94552.

REYNOLDS ELECTRICAL & ENGINEERING CO., INC. IS THE LARGEST PRIME CONTRACTOR FOR THE U.S. DEPARTMENT OF ENERGY'S NEVADA OPERATIONS OFFICE (DOE/NV). OUR PRIMARY RESPONSIBILITIES FOCUS ON OPERATIONS, MANAGEMENT, AND CONSTRUCTION AT THE DOE'S NEVADA TEST SITE (NTS).

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POSITIONS IMMEDIATELY AVAILABLE FOR INDIVIDUALS WHO HOLD A MEDICAL DEGREE FROM AN ACCREDITED MEDICAL SCHOOL:

(Work Location: Las Vegas & Mercury, Nevada)

A good clinical background in primary care with an interest or experience in occupational medicine is preferred. Responsibilities include: Preemployment and periodic screening, outpatient treatment of occupational injuries and illnesses. Strong communication skills are required to relate with Safety and Industrial Hygiene Departments and supervision. Must have at time of hire a Nevada Medical License. Competitive salary, excellent benefits package includes health insurance, malpractice insurance, and retirement provisions. If interested, call collect at (702) 295-1900 and ask for Trudie Rainey.

EQUAL OPPORTUNITY
EMPLOYER - M/F
Liberal Fringe Benefits
Replies Held Confidential
Must be a U.S. Citizen
Drug/alcohol screening test required

SEND RESUMES TO:
Trudie L. Rainey
Recruiting & Employment Administrator
Reynolds Electrical & Engineering Co., Inc.
Post Office Box 98521
Las Vegas, NV 89193

REECo

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PHYSICIANS WANTED

PRACTICE OPPORTUNITIES. Family Practice, Internal Medicine, and Obstetrics and Gynecology positions available in San Diego, California, Phoenix, Arizona, Seattle, Washington, and Salt Lake City, Utah. Contact Eric Bennett, PO Box 5316, Scottsdale, AZ 85261; (602) 998-4540.

FAMILY PRACTICE RESIDENCY FACULTY POSITION—CASPER, WYOMING. University of Wyoming Family Practice Residency-Casper is seeking an experienced, clinically oriented, BC Pediatrician to be the Pediatric Coordinator of an 8-8-8 Family Practice residency program. Level II Nursery skills are a must. 60% teaching, 20% direct patient care, 20% research. This is a tenure track position. University approval will be required prior to filling this position. Come join us in beautiful Wyoming. The University of Wyoming is an affirmative action/EOE. Contact Dr David Driggers, Director, University of Wyoming Family Practice Residency, 1522 E. "A" St, Casper, WY 82601; (307) 266-3076.

FAMILY PRACTICE PHYSICIAN. Full-time in a busy walk-in medical clinic. Located in Visalia, California (Tulare County). Malpractice insurance, good salary, etc. Please call (209) 627-5555 for more information.

ASSOCIATE IN PEDIATRICS. Kern Medical Center, Bakersfield, California, a teaching hospital affiliated with UCLA and UCI Schools of Medicine, seeks an Associate in the Division of Pediatrics. Prerequisites include eligibility or certification by the American Board of Pediatrics, strong interest in teaching and qualifications for faculty appointment in UCLA Department of Pediatrics. Comprehensive salary and benefit package. A part-time private practice is permitted. Medical center is in central California, a mid-sized urban community with moderate cost of living. Send CV and inquiries to Navin Amin, MD, Chairman, Department of Family Practice/Pediatrics, Kern Medical Center, 1830 Flower St, Bakersfield, CA 93305.

PHYSICIANS WANTED

PEDIATRICIAN, BC/BE to join group Family Practice/Pediatrics. Growing community with growing pediatric population. Active Nursery Level II hospital and nursery with NNP coverage. Offering competitive salary, equal call schedules, partnership. Contact Myrna Hughes, Arizona Western Medical Center, 2149 W. 24th St, Yuma, AZ 85364; (602) 344-1400.

HOSPITAL BASED OB/GYN—two physician practice in coastal community, California. No private practice hassles. Genuine time off. Twelve month contract with option to extend, guaranteed remuneration package of $170,000. Qualifications: BC/BE; American trained; minimum of one year post residency experience; California license; must start by July 1. Offering extensive corporate support services to the right physician with immediate availability. Please call Peggy McCormick at 1 (800) 476-2496.

HOSPITAL BASED OB/GYN—three physician practice in central California. No private practice hassles. Twelve month contract with option to extend, guaranteed remuneration package, professional liability insurance, attractive on-call arrangements, genuine time off. Qualifications: BC/BE; minimum one year post training experience; California license required within six months of starting. Ideal candidate is a team player with a solid clinical background. Call Peggy McCormick at 1 (800) 476-2496.

UNUSUAL OB/GYN OPPORTUNITY IN OAKLAND, CALIFORNIA. Join this hospital based seven person practice as an independent contractor, working alongside navy physicians in an academic environment. Attractive call rotation. Guaranteed remuneration package. Professional liability insurance. Ideal candidate is a team player with an interest in teaching residents. Qualifications: BC/BE; solid clinical background; prefer American training; California license required within six months of starting. Please call Peggy McCormick at 1 (800) 476-2496 for more information.

PHYSICIANS WANTED

MONTEREY BAY AREA—CALIFORNIA MEDICAL/LEGAL DISABILITY EVALUATIONS. Opportunities available in Salinas for BC physicians in Dermatology, Internal Medicine, Orthopedics, Ophthalmology, Otolaryngology, Psychiatry, Toxicology, and Neurology with a multispecialty medical group which provides forensic medical evaluations. This is an excellent opportunity to supplement income as well as associate with a well respected medical group whose practice is limited to evaluations. Send inquiry and CV to Kevin Gerszewski, Disability Reporters, 212 San Jose St, Ste 311, Salinas, CA 93901; (408) 754-0411.

KETCHIKAN, ALASKA. University of Washington-affiliated Family Practice seeking BC Family Physician interested in teaching and providing excellent medical care. Accredited hospital in scenic southeast Alaska. 12 years of Family Medicine students and residents through WAMI program. Fee-for-service practice. Comprehensive benefits. Negotiable salary. Stable community with wide range of activities and opportunities. Contact David Johnson, MD, or Bill Henrickson, MD, Ketchikan Medical Clinic, Inc, 3612 Tongass Ave, Ketchikan, AK 99901; phone collect (907) 225-5145.

GENERAL INTERNIST/NEUROMUSCULAR/COPD/REHABILITATION. Immediate opening for BC/BE General Internist to join the staff of a 48-bed respiratory unit at an internationally recognized rehabilitation center affiliated with University of Southern California. Management of respiratory-neuromuscular/chest wall disorders, COPD, and tuberculosis. Some Critical Care. Busy exercise lab. Clinical faculty appointment at USC, depending on qualifications. Interested individuals should send CV to Ahmet Baydur, MD, Chest Medicine Service, Rancho Los Amigos Medical Center, 7601 E. Imperial Hwy, Downey, CA 90242. Equal Opportunity/Affirmative Action Employer.

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PHYSICIANS WANTED

WASHINGTON, PUGET SOUND. Full- or part-time position with expanding physician owned group. Well established, practicing adult Emergency Medicine. High level of Critical Care with excellent medical staff. Great flexibility in scheduling to enjoy the northwest. Partnership potential. Malpractice paid. ABEM certification or preparation required. Send CV to TECP, 955 Tacoma Ave S., Ste 210, Tacoma, WA 98402; (206) 627-2303.

WASHINGTON. Openings for career oriented Emergency Physicians, BC in Emergency or Primary medical specialty. Seattle metropolitan hospital with 54,000 annual visits. Excellent salary in a stable growing group. Contact Dan Hiatt in care of Linda Johnson, 8009 S. 180th, Ste 110, Kent, WA 98032; (206) 575-2595.

OB/GYN—OREGON-COLUMBIA GORGE. Outdoor recreation, a progressive well-equipped hospital, and proximity to Portland make this an excellent opportunity for someone wanting a ¾ to full-time OB/GYN practice. Join two OBs in a new office adjacent to the hospital. Do 100-plus deliveries per year and have time to enjoy the great outdoors—skiing, hiking, boating, fishing, camping, and cycling. Generous first year salary and bonus plus complete benefits. For info call Alex Johnson, 1 (800) 327-1585.

OREGON. PEDIATRICIAN sought for busy practice with two BC Pediatricians. Smaller, family oriented community offers outstanding quality of life and access to great outdoor recreation. Complex diseases and Critical Care patients make practice challenging and stimulating. Easy access to Portland. Income guarantee plus all benefits first year. Call Alex Johnson, 1 (800) 327-1585.

PHYSICIANS WANTED

SOUTHERN CALIFORNIA NEUROSURGEONS

Practice and career opportunities with the nation's largest and most respected physician-managed group practice in managed care. Practice and career opportunities available in major metropolitan and suburban areas for staff positions. For more information, send your CV to:

Irwin P. Goldstein, MD, Associate Medical Director, SCPMG, KAISER PERMANENTE, Department 057, Walnut Center, Pasadena, CA 91188-8013; or call 1 (800) 541-7946.

PEDIATRICIAN—NORTHERN CALIFORNIA. Busy Pediatrician with diverse practice in northern California seeks partner (BC/BE) in attractive new office adjoining regional medical center with new Pediatric ward. Excellent call schedule. Enjoy a healthy life-style in an unspoiled environment with premier outdoor recreation, good schools, and affordable housing. Call Alex Johnson, 1 (800) 327-1585.

FAMILY PRACTICE-HOSPITAL SPONSORED CLINIC OPPORTUNITY. Dynamic, growth oriented hospital in beautiful north central Wisconsin is seeking Family Physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc, France Place, Ste 920, 3601 Minnesota Dr, Bloomington, MN 55435; (612) 835-5123.

PHYSICIANS WANTED

INTERNAL MEDICINE—OREGON-COLUMBIA GORGE. Outdoor recreation, a progressive well-equipped hospital, and proximity to Portland make this an exceptional opportunity for a solo General Internist. Hospital offering income guarantee, and start up expenses for two years, plus interview and relocation expenses. Critical care experience required. Ski, boat, fish, hike, and hunt out your back door. For info call Alex Johnson, 1 (800) 327-1585.

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CALIFORNIA MULTISPECIALTY. Dermatologist, Radiologist, Otorhinolaryngologist, General Surgeon, Cardiologist, Internal Medicine, Pediatrician, Gastroenterologist, Orthopedist, General/Family Practitioner, Obstetrician/Gynecologist. Excellent opportunity for physicians in Los Angeles suburb to join 100 member multispecialty medical group. Large fee-for-service and prepaid practice, no Medi-Cal. Excellent compensation program based on guarantee plus incentive, profit sharing and pension plan. Group provides health, dental, life, and malpractice. Partnership in real estate and medical corporation available. Send CV to Ron McDaniel, Assistant Administrator, Mullikin Medical Center—5, 17821 S. Pioneer Blvd, Artesia, CA 90701.

(Continued on Page 757)

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(Continued from Page 756)

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FAMILY PRACTICE PHYSICIANS. San Diego Area. BC/BE Family Practitioners for multispecialty group of 200-plus physician staff. Excellent fringe benefits, salary guarantee and incentive. Shareholder eligible after two years. Send CV with references to Office of the Medical Director, PO Box 129229, San Diego, CA 92112-9229.

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DIAGNOSTIC RADIOLOGIST. Second Radiologist for picturesque community in northern California. New CT, ultrasound, mammogram available. Comprehensive benefits, income guarantee. Four season recreational area with skiing, boating, and hiking. Call Alex Johnson, 1 (800) 327-1585.

MEMORIAL CLINIC offers excellent opportunity for BC/BE Family Practitioner to establish a second Family Practice neighborhood clinic. OB optional. Competitive salary and excellent benefits. Send CV to Memorial Clinic, Attention Inge Hart, 500 Lilly Rd, N.E., Olympia, WA 98506; (206) 456-1122, ext 249.

PSYCHIATRY DIRECTOR—NORTHWEST. Regional Acute Care hospital seeking Director for new 20-bed inpatient Psychiatry unit. Previous experience desirable in program development and inpatient administration. Ideal candidate traits include team player, good communicator, and leadership. Opportunity for outpatient practice. Community known for quality of life, outdoor recreation and progressive health care. First year income guarantee, interview and relocation expenses, plus on-going Director stipend. Contact Alex Johnson, 1 (800) 327-1585.

COASTAL CALIFORNIA. San Luis Obispo, Internal Medicine BC/BE, busy multispecialty group, eight miles to beach, excellent schools, recently rated "best small town in USA." Rewarding hospital-based practice. Guaranteed salary, malpractice covered, excellent call rotation. Call or send CV to Fran Wolke, San Luis Obispo General Hospital, PO Box 8113, San Luis Obispo, CA 93403-8113; (805) 549-4936.

ASHLAND, OREGON. OB needed for this picturesque home of the Shakespeare Festival. Ashland has a four-year college and is home for many visual and performing artists. The life-style harkens back to the '50s slow-paced, crime-free, wholesome, small-town environment. Hospital has Level I OB service with birthing room. Coverage available. Outstanding physician and professional staff support make this a gem of an opportunity. Reply in confidence to Alex Johnson, 1 (800) 327-1585.

PHYSICIANS WANTED

(Continued on Page 758)

(Continued from Page 757)

PHYSICIANS WANTED

Western States OPENINGS

Many multispecialty groups and hospitals have asked us to recruit for over 300 positions of various specialties. Both permanent and locum tenens. Send CV to **Western States Physician Services, 5627 E. Kings Canyon, Ste 156, Fresno, CA 93727, or call 1 (800) 873-0786.**

PULMONOLOGISTS. The Reno, Nevada Veteran Affairs Medical Center in affiliation with the University of Nevada School of Medicine seeks two Pulmonologists, one as Section Chief. Assistant to full professor depending on qualifications. BC/BE in Pulmonology and eligible for licensure in Nevada. Appropriate academic, teaching, and clinical experience required. Supervision of residents, teaching of students, and direct patient care. Opportunity for research. Submit letters of application, CV, and names of three references to Claude K. Lardinois, MD, Internal Medicine, 1000 Locust Ave, Reno, Nevada 89520. Search will continue until positions filled. AA/EOE.

DENVER PSYCHIATRISTS. Progressive suburban Denver, public and private, CMHC has full- and part-time openings in varied and challenging positions. Openings include outpatient, inpatient, and partial hospitalization. These can be put together in interesting combinations that eliminate boring and repetitive work. Salaries are competitive and benefits include malpractice, health, dental, and life insurance with liberal retirement, maternity and leave policies. Contact Robert J. Nathan, MD, Medical Director, Jefferson Center for Mental Health, 5265 Vance St, Arvada, CO 80002; (303) 425-0300. EOE M/F/H/V.

FAMILY PRACTITIONER. IMMEDIATE OPENING outpatient clinic in Asian community. Full-Time, $64K plus physician's assistant and competitive benefits. Send letter/résumé to Medical Director, Asian Health Services, 310 8th St, Ste 200, Oakland, CA 94607.

FACULTY POSITION AVAILABLE. Ophthalmologist with subspecialty training in Pediatrics is sought for full-time position available immediately in the Department of Opthalmology, Loma Linda University, Loma Linda, California. Applicant qualifications include completion of approved residency in Ophthalmology, completion of appropriate fellowship, Ophthalmology Board certification, and be able to qualify for medical licensure in the state of California. Duties will include patient care, teaching residents, and research. Academic rank and salary will be commensurate with experience. We are an equal opportunity employer. Please forward CV to David L. Wilkins, MD, Chairman, Department of Ophthalmology, Loma Linda University, 11370 Anderson St, Ste 1800, Loma Linda, CA 92354.

BE/BC INTERNIST sought with or without subspecialty interest to replace departing partner in busy seven member Internal Medicine practice ten miles south of San Francisco. Contact Diane Davis, MD; (415) 583-5352, 1001 Sneath Ln, San Bruno, CA 94066.

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GENERAL/FAMILY PRACTICE. Located in Kemmerer, Wyoming between the Teton and Wasatch Mountain Ranges. Community of 4,200 is settled on a stretch of range heavily populated by deer, antelope, moose, and even bear. Currently three independent Family Practitioners share office, call, and Emergency Room coverage. Opportunity available due to one Family Practitioner's departure. Enjoy a full-scope Family Practice including Obstetrics. Modern, 18-bed hospital is located adjacent to the clinic. Hospital manages clinic operations, providing guaranteed overhead at 36% of billings. First-year income guarantee also offered. Send CV or call Bryan Bassett, Jackson and Coker, Inc., 115 Perimeter Center Pl, Ste 380 10635, Atlanta, GA 30346; 1 (800) 544-1987.

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OB/GYN—Southern California. Career opportunities for ambitious Obstetricians desiring private practice. Growing, prestigious, university-affiliated south bay medical center is recruiting BC/BE Physicians for expanding solo and group practices. Excellent compensation. Submit CV to J. Michaels, 2600 Cliff Dr, Newport Beach, CA 92663.

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OB/GYN, BC, woman, five years experience in private practice, seeks practice with group of OB doctors in Los Angeles area. Salary position or partnership with buy-in. Reply to Number 241, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

MEDICAL ONCOLOGIST/HEMATOLOGIST, BC in Medical Oncology and Internal Medicine, seeking to relocate. Interested in practice opportunities in California, Arizona, Oregon, and Washington. Contact Ted Heckman, MD; (805) 544-2189.

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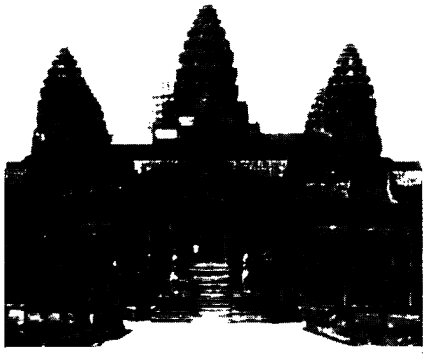

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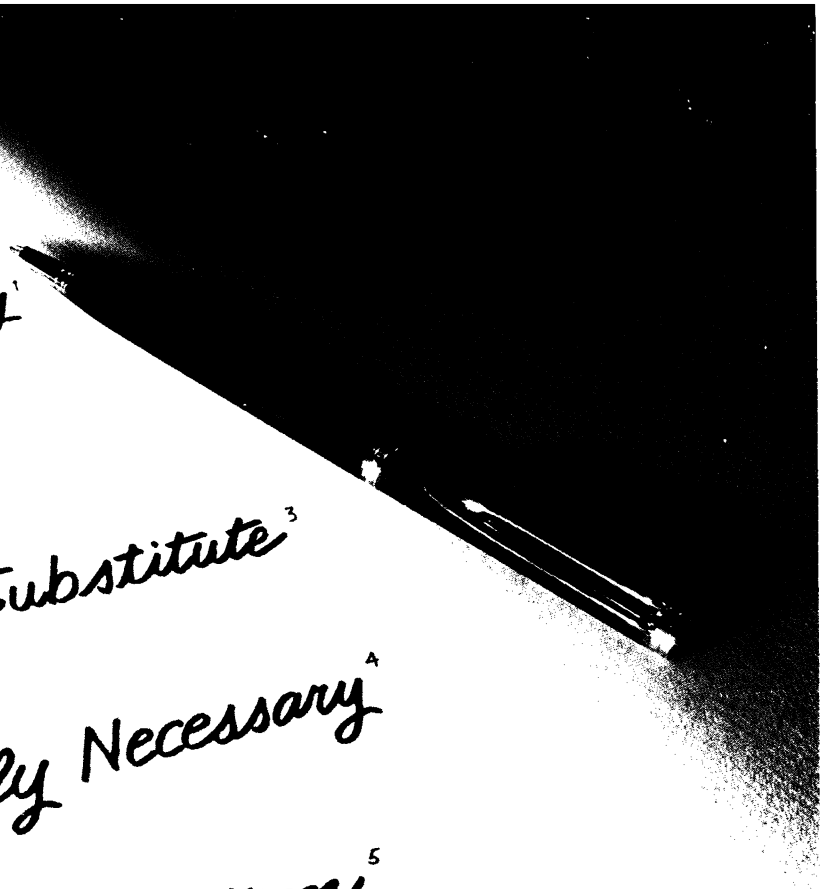

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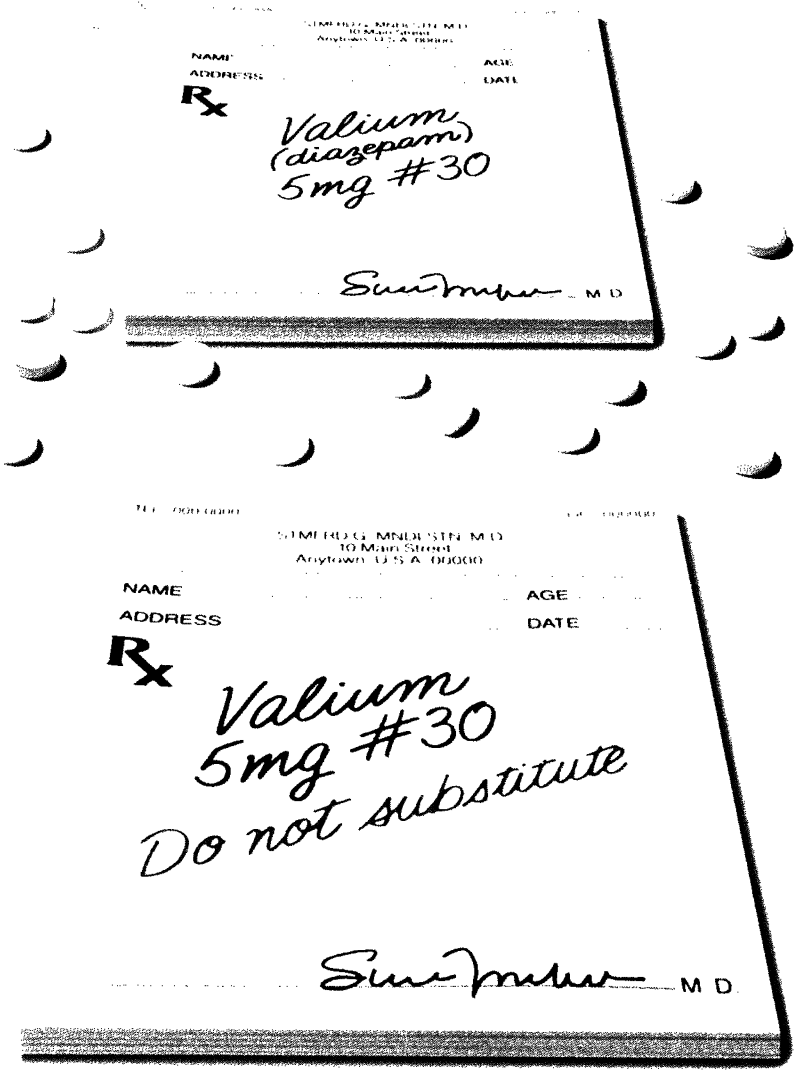

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